

THE  
HEALTH  
OF  
PLYMOUTH  
IN 1926.





# The Health of Plymouth in 1926

BY

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PLYMOUTH

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## PREFACE.

*To the Mayor, Aldermen, and Councillors of the County  
Borough of Plymouth.*

*Ladies and Gentlemen,*

*I have the honour to present to you my Second Annual  
Report on the Health of Plymouth.*

*The Report which you received last year was a Survey  
Report required once in every five years by the Ministry of  
Health. The Report gave considerable detail which the  
Ministry does not demand in the intermediate years ; for  
that reason this Report will not be so lengthy, although it  
will represent to you, I hope, a complete, though short, account  
of the general health services in Plymouth during the year  
1926.*

*The administration of the Health Department in a large,  
important and progressive town is no easy business, and  
I should like again to place on record my appreciation of  
the help which has been given to me by the Members of the  
Town Council, by the Chief Officials of the Corporation,  
and by the staff of my own department.*

*I am, your obedient Servant,*

*A. T. NANKIVELL,  
Medical Officer of Health.*

*Town Hall,  
Stonehouse.*

*MARCH, 1927.*



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## GENERAL VITAL STATISTICS

(See *Tables*, 1, 2, 3, 4, and 9.)

### YEAR 1926.

Total population (estimated)	..	..	..	..	211,350
Births—Total belonging to the District after allowing for					
Inward and Outward transfers	..	..	..		3,641
Deaths—Total belonging to the District after allowing for					
Inward and Outward transfers	..	..	..		2,593
Birth-rate per 1,000 estimated population		..	..		17.2
Death-rate	do.	do.	do.	..	12.3
Infant Mortality—Deaths under 1 year per 1,000 births					71.9

## INTRODUCTORY

THE work of a modern public health department touches and directs the life and health of the individual from the cradle to the grave. Maternity and its manifold influences ; child life and its preservation ; the health, hygiene and housing of all people of all ages, and the prevention of invalidism and disease and the unemployment which they cause, are some of the functions of the Public Health Services to-day. In former times when municipal hygiene was deplorably defective, the Health Department found its main and most fruitful outlet in the abatement of vast nuisances and in making the houses and streets of a town reasonably inoffensive ; but to-day the work of a Health Department is far more individual. No longer do our gutters run and reek with sewage, nor are they any longer the common refuse dump of the adjacent houses, and we find no longer the foul tenement with five families in one room in which lodgers could be taken, and in which a man or woman could get “ drunk for one penny and dead drunk for twopence.”

It is incredible, in reading the history of less than one hundred years ago, to believe that this Country of ours could have altered so greatly in so few generations, that any State could have become so quickly purified, or that the inclinations and character of the people could have undergone so profound a change in a few short years. Often enough I hear complaints of our lack of progress in these more enlightened days ; but in order clearly to perceive progress it is necessary to look back over a long distance : and it is only by comparing the past—even of twenty years ago—with what we have to-day, however imperfect it may be, that we are able to appreciate that our progress on the road to health has been real and active. If only that improvement is maintained during the next few generations, our grandchildren will find the world to be a very much better place to live in than it was for their grandfathers. The growth and development of our great public health services should be wisely moderate and be directed by a clear vision of the needs of the future. To some of the ends to which our health organisation may lead I shall attempt briefly to indicate in the following pages of this report.

**Maternity and  
Child Welfare  
Services.**

The Maternity and Child Welfare Service is the beginning and foundation of the health of the coming generation. The child born of healthy parents and protected from disease during the first few years of life has its health assured for the future and does not become a burden to itself, to its parents or to the ratepayers. The excellent work done by our Maternity and Child Welfare Centres is well known in the town and is greatly appreciated. Statistical details are given in Tables 5, 6 and 7. During the year we have appointed an additional Lady Doctor and two more Health Visitors; an ultra-violet light sunshine-plant has been set up at Stonehouse, and plans have been approved for a new centre in Beaumont Park. The total cost of our Maternity and Child Welfare work is less than a penny rate, and it is probably the most welcome public service supplied to the ratepayers by the Corporation. The supervision of midwives and all private Maternity Homes, and the provision of ante-natal care and of food for necessitous cases comes under this branch of my department.

But although we may perhaps not be dis-satisfied with the work done during the year, there are certain extensions by which the value of our endeavours may be improved in the future. Firstly, it should be our aim that no confinements should take place in squalid and dirty homes; but, in order to avoid this, we shall have a long and difficult fight against the prejudice which exists in the West Country against lying-in Homes and the preference which mothers have to be confined in their own tenements, however unsuitable these may be. Day Nurseries are another need, and there exists a real demand for a Hostel or Home where babies and young children may be left, perhaps for three or six months, while the mother is in hospital or in a sanatorium. Again, we have a need in Plymouth for some convalescent home where the sick and anæmic and tired-out mother may go, with or without her babies, for a holiday. Although we have increased our medical and nursing staff during the past year it is evident already that further increases will be necessary. This work of safeguarding Maternity and of securing the health of young children is truly vital; and, for this reason, it appeals to the primitive instincts of every mother and father, who views, often enough with indifference and dislike, any policy which spends public money on less essential and less vital matters.



**School Medical Services.** I have little to add to the remarks which I made last year in respect to our School Medical Services under the various headings required by the Board of Education and the Ministry of Health. Our School Medical Services remain satisfactory, and its excellent work continued throughout the year without extension in its scope and without diminution in its usefulness. (See Tables 22—36).

We need in the future, as I said last year, a considerable increase in the number of our School Dentists if we are to preserve the teeth, and therefore the health, of our school children. We need, also, a convalescent home or a residential open-air school in the country for children whose health from one cause or another is below normal. The object of a School Medical Service is to keep a child healthy during its school life, so that when the child leaves school, he or she shall not be handicapped by any preventable disability.

**Infectious Diseases.** But however careful and watchful may be the Child Welfare and the School Medical Services, it is at present unavoidable that infectious disease of one sort or another should attack a small percentage of our young and adult population. In Plymouth we have a well-organised service to control the spread of infection, and, in consequence, the infectious diseases are kept within reasonable limits. Pestilences of Smallpox, Plague, Cholera or Typhus no longer sweep over the Country as in former days. But we still have our scourges such as Measles, Whooping Cough, Summer Diarrhoea and Diphtheria, which damage more than they kill the young children. Details of the incidence of and the deaths from infectious diseases are given in Tables 2 and 4.

During the year a Hospital Reorganisation Scheme has had the consideration of the Public Health Committee. It is hoped that this reorganisation may soon become possible. An agreement was entered into with Plympton Rural District Council late in the year by which the Borough of Plymouth is enabled to use beds in the Smallpox Hospital at Lee Mill. After many years, therefore, Plymouth has obtained land hospital accommodation for Smallpox supplementary to that provided on the Hospital Ship *Flamingo*. Further negotiations are proceeding which it is hoped will result in the erection of a further 20 beds for Smallpox on the site at Lee Mill.

**Tuberculosis.** Details of our work against Tuberculosis are given in Tables 9 to 12. I have little to add to my remarks of last year. The administration of our Tuberculosis Department and of our Sanatoria has become more efficient during the past twelve months, and that this disease is definitely diminishing in Plymouth is shown in Chart F. Probably no other disease shows a greater tendency to decline; I hope that some of us may live long enough to see it become a medical curiosity.

In the meantime, however, we need more hospital and sanatorium accommodation for our cases of Pulmonary and Non-pulmonary Tuberculosis. How great is the need for enlarged facilities for the hospital treatment of these cases is known perhaps only to me and my medical staff. Three or four times a week, perhaps, I am faced with the personal appeal of the hard case, where hospitalisation is imperative and is desired by the patient or his or her friends. All I can say is that the person concerned is on the waiting list—as if they were in a theatre queue—they must take their turn and wait until beds can be found for them. Meanwhile they grow slowly more ill and less curable and they infect those among whom they are living in the more crowded houses of our town.

**Venereal Diseases.** Syphilis, except that which has been inherited from parents in former years, is now a rare disease in Plymouth. There were only some half a dozen infective adult cases during the year under review; this alone testifies to the remarkable efficiency of our Venereal Diseases Department. Equal success, however, has not attended the prevention of Gonorrhœa, which is a far more serious disease than Syphilis, although the contrary is believed by the people. It would indeed be well if the public could be made to appreciate how far more serious is Gonorrhœa than Syphilis. The latter is the only disease known to medical science of which a cure can be guaranteed. No physician could promise to cure pneumonia or appendicitis or malaria, but every competent doctor can promise a cure for every early case of Syphilis. No one, however skilled he might be, would guarantee a cure to a man or woman with Gonorrhœa. Early, skilled and prolonged treatment alone will give the sufferer a reasonable chance of recovery, so that he or she might be able to marry without infecting the partner in the marriage or the offspring of it. During the present year we hope if possible to wage a more successful war against Gonorrhœa and against its complications.



**General Sanitation.**

A constant effort to maintain a general state of cleanliness in the Three Towns continued as usual during the year. Details of the work of the Sanitary Inspectors are given in Tables 13 and 17. This work, although it is not dramatic and sensational, has yet a very definite value. It prevents the dirty landlord and tenant from relapsing to the semi-civilised state of half a century ago.

The provision of Baths and Wash-houses has engaged the attention of the Public Health Committee from time to time throughout the year, and a scheme has been approved for Baths and Wash-houses at Stonehouse. The Baths and Wash-houses at Hoegate Street are ancient and dilapidated and new ones should be provided on a more central site, nearer, that is to say, to the persons at that end of the town who wish to make use of them. There are no Baths and Wash-houses in Devonport and a public Bath and Wash-house is wanted there. Again, there is no swimming bath in the Borough, except the pools on the foreshore, and when the wind and sea are cold these pools are but little used.

**Housing.**

I have not much to add to my remarks of last year; the need for houses for the working classes remains acute. It must be appreciated sooner or later by the public and by the State that there exists in this and every other town a class of persons who can pay perhaps half-a-crown a week for rent and no more. In the interests of Public Health and of decency it is necessary that these persons be housed whether they can or cannot pay the rent demanded. Poor people such as these percolate mainly to the worst of slum property where they can be housed for their meagre rent. As these slum areas in the course of time become cleared, the poorer tenants in them are displaced and their re-housing presents considerable difficulty. It will no doubt ultimately be evident that houses for them must be subsidised like elementary education. Municipal hostels or common lodging houses, one for males and one for females and one for married couples appear to offer a solution (and even an economic solution) of the problem of the very poor person who needs house room.

More than a year ago I scheduled three insanitary areas in Plymouth. To me it appears almost incredible that the short, though necessary, formalities regarding my representation should

still be uncompleted, and that matters should have advanced so little towards any definite end.

The routine work of renovating houses under the provision of the Housing Act continues to be satisfactory. Details are given in Table 18. I estimate that during the year about £27,900 was spent by their owners in the repair of old and decaying house property.

**Food and Milk.**

One of the most important functions of the Health Department consists in safeguarding the food and milk sold to the people, and during the year under review considerable increased work has been done in this direction. No less than 687 samples of food and of milk have been purchased and analysed by the Public Analyst in order to determine if they were of the nature, quality and substance demanded by the purchaser. Of these samples 42 were found not to be genuine, and successful prosecutions were instituted against the offenders.

The objectionable practice of retailing loose milk at dirty general shops is slowly but surely being abolished, and 56 of these unsuitable places discontinued the selling of milk during the year.

The important question of the microbial purity of the milk supply and of its cleanliness has also occupied much of our time. No less than 833 samples of milk have been taken for bacteriological examination, and when any of these were found to be dirty and to contain too many microbes, a representation has been made to the person from whom the milk was obtained. I am convinced that this work has resulted in a marked improvement in the purity of milk coming into Plymouth. Between six and seven hundred churns of milk come into Plymouth every day from Cornwall, Devon, Somerset and Dorset. It would be very desirable if our bacteriological service were able to examine the contents of these churns at frequent intervals. During the past year, however, we were only able to have examined about one dozen samples per week of ordinary loose milk (as distinct from bottled milk), in other words, on the average it is only about once a year that a sample of the contents of each churn came to the bacteriologist for examination. I should like to see milk from each churn examined once a month. A new Order made by the



Ministry of Health regarding cleanly methods of milking came into force last October, and the only way we have of ascertaining whether this Order is being obeyed in Rural Districts is by examining the milk on arrival in Plymouth and determining whether or not it is relatively clean and free from microbial contamination.

The demand by the public for clean milk is shown by the great increase recently in Plymouth of the sales of designated milks. No less than 33 dairymen sell either Certified or Grade "A" Milk, and I am told that the demand exceeds the supply. Certified Milk is used at our Maternity and Child Welfare Centres, Grade "A" (Tuberculin Tested) Milk is supplied to our Isolation Hospitals, and Grade "A" Milk is given for the extra nourishment of tuberculous persons.

If the purity and cleanliness of the Plymouth milk continues to improve during the next few years as it has done in the past, our town will be favoured by having one of the best milk supplies in the Kingdom.

**The Repression of Vermin.** Considerable work has been done during the year in ridding the town of rats and the result has been reasonably satisfactory. No less than 1790 premises were visited and 41,936 baits laid. At the port especially this work has been actively conducted in order to prevent the ingress and breeding of the black rat, which is a carrier of Plague. I consider that a prolonged and careful campaign against rats waged without ceasing throughout the year is of far more value than a single Rat Week, however desirable that may be in scattered country districts.

Premises which are found to be verminous from the presence of lice or bugs are disinfected. We badly need a cleansing station in this town, and it is anticipated that one will be installed at the new Baths and Wash-houses at Stonehouse.

**Health Propaganda.** For the first time in Plymouth an organised health propaganda became possible in 1926, when the sum of £200 was allocated by the Town Council for that purpose.

The first essential in securing health is to obtain an enlightened demand of the people for it. To legislate, or to attempt to enforce reforms in the face of public opinion, is to waste time and energy

and to court disaster. Before we can see the health of the people much better than it is, we must obtain their assent to our suggestions and their active interest in our pursuit. Undoubtedly during the past few years the interest of the people in matters of health reform has been greatly stimulated and increased, and the voice of the propagandist cries no longer in the wilderness. It is easy to-day to collect large and intelligent audiences who desire to see and experience the benefits of preventive medicine.

During the year our health propaganda in Plymouth has been various in its manifestations. Many public lectures have been given by Dr. Ann Clark, Dr. Kettlewell and myself to a variety of audiences. Neither I, nor any member of my staff ever refuses an invitation to address a meeting on health subjects, for I believe that this method rather than any other is the best means of teaching the public the vital facts of preserving health, for every member of an audience goes out and broadcasts the knowledge, for there is a saying, "That which goes out of one mouth goes into a thousand ears."

During the late summer we issued a successful booklet of Health Hints which paid, by means of its advertisements, for its publication and circulation. Fifty-five thousand copies of these found their way into the homes in Plymouth. In addition I have had lantern slides prepared which have been shown at the Picture Palaces and Variety Entertainments in the town. The public has been warned on our lamp-posts, by means of signs, of the danger of promiscuous spitting and coughing. Many leaflets and posters have been prepared and circulated. Before this report is circulated we shall have had a Health Film Week in Plymouth, open freely to the adult public. Then finally the Press, by means of interview and article, has given every assistance to this propaganda work and its help has been invaluable, since the newspapers go into every home.

#### **Health and Finance.**

Public Health is a true economy, as indeed is all public money spent on our health services. The trouble is that there is a great difficulty in presenting a properly audited balance sheet showing our gains, since it is difficult to estimate accurately the value of a human life or the absolute cost to the individual and to the community of sickness and disease. In Plymouth we spend year by year about £25,000 in the treatment



of Tuberculosis and year by year we have over 200 deaths from this disease. Let us say that roughly between £100 and £120 is spent on each person who dies. If our public health propaganda were to save only two lives it would be financially economical. Again, suppose that two whole-time Veterinary Surgeons were to be appointed to inspect all the cows whose milk is sold in Plymouth, and that by this inspection they were able to eliminate half the diseased cows and so save half the amount of bone, gland and joint Tuberculosis in Plymouth children: how much pain and suffering and sorrow would be prevented we cannot estimate in terms of money, but we should save over £2,000, which is half our yearly expenditure, on cases of surgical Tuberculosis contracted through drinking infected milk; and the saving would more than represent the salaries of these Veterinary Surgeons.

Again, it is interesting to compare the death rates of to-day with those of former years, having regard to the financial aspect of sickness and mortality. If the rate of mortality in Plymouth, Stonehouse and Devonport twenty years ago were to exist in the Three Towns to-day, we should have lost last year over 1,100 persons who now remain alive. What their sickness and burial expenses would have cost is difficult to estimate. In a report to the General Board of Health on the Sanitary condition of the inhabitants of Plymouth made by one of the Board's Inspectors in 1853 there occurs the following statement: "In the year ending " 30th June, 1851, there occurred 494 deaths (in Plymouth) from " preventable causes. It is proved from very extensive data " obtained from undertakers, hospitals and dispensaries that the " average cost of each fatal case, including attendance, relief and " funeral is £5. That for every case of preventable death there " are about 30 cases of preventable sickness, and that the cost of " each case of sickness for attendance, etc., and loss of time is £1." It was calculated by that Inspector that the total loss in 1850-51 from preventable sickness was £17,290. This figure is of course a considerable under-estimate of the present charges. It is not an exaggeration to suppose that a life is worth on an average at least £100 a year to the community. The improved health of Plymouth to-day represents, therefore, a large annual financial saving, which last year was at least £100,000, since the rate of mortality has declined so greatly during the last twenty years in the Three Towns. If we consider, also, the mortality among babies, it is evident that if the infant mortality rate of 1914 had not been



reduced (as it has) we should have lost between that year and 1925 no less than 1,556 babies whose lives have been spared. To estimate their value to their parents in terms of pounds, shillings and pence, or of a penny rate, is of course impossible. The general conclusion, however, is obvious, namely, that money spent on our health service is money very well spent. For nothing costs the individual rate-payer more than sickness and mortality.

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*In the following pages will be found Reports written by medical members of my Staff and by myself upon various aspects of public health work in Plymouth and in our Institutions. From these it is possible to appreciate the nature of some of our wide-spread organisation. After these Appendices I have reproduced some Charts, which show in a graphic manner many matters of health importance. This Report is completed by a number of Tables, from which the reader may be informed of the intimate details of the work which has been done, during the year, in the interests of the people of Plymouth.*

A. T. Nankivell,

March, 1927.

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## APPENDIX I

### **Additional Information Required by The Ministry of Health.**

*Statistics and Social Conditions.* Area in acres, 5,711 ; population, 1921, 210,036 ; population, 1926, 211,350 ; number of inhabited houses, 29,014 ; number of families, 1921, 53,288 ; rateable value, 1926, £1,161,183 ; sum represented by a penny rate, £4,698.

*Births (Legitimate)*—1,709 females, 1,776 males. Total 3,485.

*Births (Illegitimate)*—71 females, 85 males. Total, 156.

*Birth-rate*, 17.2.

*Deaths.* Total number of deaths, 2,593. *Death-rate*, 12.3.

Number of women dying in, or in consequence of, childbirth, from sepsis, 3 ; from other causes, 8.

Deaths of infants under one year of age—Legitimate, 243 ; illegitimate, 19. Total, 262.

Deaths from measles (all ages), 19 ; whooping cough (all ages), 14 ; diarrhoea (under two years of age), 25.

#### *General provision of Health Services :*

- (a) Fever—Mount Gold Isolation Hospital, 80 beds ; Swilly Isolation Hospital, 66 beds ; *Flamingo*, 22 beds for Smallpox.
- (b) Tuberculosis and Maternity. See other sections of this report.
- (c) Ambulance facilities. The Corporation has three ambulances for infectious cases. Other non-infectious and accident cases are dealt with by the St. John Ambulance Association.

- (d) Clinics and Treatment Centres. Six Maternity and Child Welfare Centres, one Day Nursery (voluntary), three School Clinics, two Tuberculosis Dispensaries and one Treatment Centre for Venereal Diseases.
- (e) Public Health Officers. See list at beginning of Report. In addition there are 10 District Sanitary Inspectors, 2 General Inspectors, 1 Rat Inspector, 1 Fish Inspector, 2 Housing Inspectors, 12 Health Visitors, and 10 School Nurses.
- (f) Professional Nursing in the Home. Home nursing is done for the Corporation by Nurses from the Alexandra Nursing Home and the Three Towns Nursing Association.
- (g) Midwives. See table.
- (h) Chemical Work. Samples are sent to the Borough Analyst, T. Tickle, Esq., Exeter.

*Sanitary Circumstances of the Area.* I have nothing to add to my remarks of last year. Details of inspections are given in Table 13.

*Housing.* Statistics for the year are given in Table 18.

*Inspection and Supervision of Food.* See body of Report and Tables 15 and 16.

*Prevalence of, and control over, Infectious Disease.* See Appendix III, and Tables 4, 7, and 13.

## APPENDIX II

### **Report on Maternity and Child Welfare Work in the Borough of Plymouth.**

BY DR. A. CLARK

*(Assistant Medical Officer of Health.)*

Maternity and Child Welfare work has made rapid developments during this year. New Centres have been opened, thus relieving the congestion at existing Centres and allowing more time for individual attention to the mothers who attend. For the first time it has been possible to give lectures at the Town Hall Clinics owing to the provision of a nursery where toddlers can be separated from their mothers.

In order to deal with the extra work involved it has been necessary to appoint one additional medical officer and two health visitors.

*Ante-natal clinics* have been increased from one to four per week, and in addition to this the ante-natal work at the Alexandra Nursing Home and the Three Towns Nursing Association is supervised by the medical officers of the Maternity and Child Welfare Department. This arrangement is of great value since it brings the chief nursing associations into closer co-operation with the local authority than has been possible in the past.

Evidence is accumulating which suggests that stillbirths are avoidable in at least half the cases, and that many cases of neo-natal death and maternal mortality and morbidity might be prevented. To do this, the first essential is education of the public on the need for ante-natal supervision, since it is wholly unsatisfactory to provide skilful obstetricians for the management of labour if the patients do not submit to supervision during pregnancy. In order that patients may obtain the benefit of ante-natal supervision, it is imperative that midwives should realise the value of this work. Ante-natal registers have therefore been issued and the midwives asked to make certain investigations when they book a case. These



registers have on the whole been well received, and a large number of midwives are now keeping records, though the older and more conservative members of the profession still look with suspicion on any innovation. A series of lectures for midwives on ante-natal work was given at the Town Hall during the Autumn, which proved to be very popular and led to many interesting discussions. There is no doubt that this branch of the work will expand enormously in the future and will be responsible for the saving of many lives.

*Dental Treatment.* Arrangements have now been made for the provision of dental treatment in necessitous cases. This is of special importance for women attending the ante-natal centres, as recent research work suggests that there is a close connection between dental caries and puerperal sepsis.

*Orthopædic Work.* Children requiring orthopædic treatment are referred to the South Devon and East Cornwall Hospital. In a certain number of cases the home conditions are so poor that it is necessary to remove the child to an Institution in order that the treatment may be carried out. Five of these children have been admitted to the Dame Hannah Roger's Home at Ivybridge during the year, but additional orthopædic beds are very urgently needed.

*Prevention of Diphtheria.* Facilities are available for inoculation at the Welfare Centres. Although few have taken advantage of the opportunity offered up to the present, it is hoped that by continued propaganda a large number may be persuaded to avail themselves of this protection during the coming year.

*Light Therapy.* In February, 1926, a Mercury Vapour Lamp of the Hewittic-Levick pattern was installed at the Town Hall, Stonehouse, and since then four clinics per week have been held for ultra-violet light treatment. The staff consists of one medical officer and one health visitor, both of whom attended a special course of instruction in this work at St. Thomas's Hospital.

*Diseases Treated.* The treatment has been used almost entirely for cases of Rickets. This has been diagnosed on bony changes alone. No attention being paid to symptoms such as sweating, pallor, or general flabbiness unless combined with some



epiphyseal enlargement. These cases may be divided into four classes :—

(1). Rickets commencing in the early months of life when growth is most active in the skull and ribs. These cases show :

- (a) Enlargement of the costo-chondral epiphyses.
- (b) Craniotabes which is generally asymmetrical and appears first behind the ears at the anterior ends of the occipito-parietal sutures.

(2). Early Rickets in the later months, when enlargement of the epiphyses at the wrist is a valuable sign, though in this connection it must be remembered that between eight and twelve months there is normally some increase of prominence at the wrist.

(3). Advanced Rickets in which some amount of bony deformity has occurred.

(4). Prophylactic treatment for infants where (a) other members of the family have suffered from rickets ; (b) the housing conditions are very bad.

With the exception of craniotabes, which is said to be found only in active Rickets, no physical signs give any indication as to whether the process is active or arrested, so that in these cases where no radiographic examination has been available it is only possible to say that the child has at some stage suffered from active rickets.

*1st class.* Seven cases. All underweight. Average gain weekly 4.7 ozs. Craniotabes disappeared in every case after from six to nine exposures.

*2nd class.* Eighteen cases. Average gain per week, 3.2 ozs. Youngest seven months. In every case epiphyseal enlargement disappeared, and there was marked improvement in the general condition.

*3rd class.* Forty cases. These cases showed curvature of the tibiæ in addition to epiphyseal enlargement. Where the deformity was recent, it became markedly reduced during the course of treatment and in some cases disappeared. In most of

these cases, however, it was found necessary to obtain additional treatment at the Orthopædic clinic at the South Devon and East Cornwall Hospital. The general condition in every case was much improved.

*4th class.* There were four cases in this class, and their history will be followed up carefully in order to ascertain whether symptoms of Rickets develop later. Average gain weekly, 2 ozs. It is hoped that in the future the third class will be practically eliminated, thus leaving more vacancies to be filled up in the fourth class.

Since it is still undecided whether ultra-violet light acts by mobilising the existing supply of vitamin in the body or by synthesising the vitamin directly by its action on the cholesterol in the skin, every case of Rickets received cod liver oil (one dram three times daily) and in necessitous cases a pint of milk each day during the course of treatment.

Other diseases treated were :—

(1) Malnutrition : Nine. The weight was not increased in any of these cases, though the general health was improved and the muscles became firmer. In each case the mother was greatly impressed by the improvement noticed.

(2). Surgical Tuberculosis : Four :—

(a) Tuberculous Kidney. Received twelve exposures while waiting for a hospital bed for operation.

(b) Glands of neck. Excised in hospital and sent for post operative treatment. Wound entirely healed after eight exposures.

(c) Scrofuloderma on arm. There were two ulcers, an old chronic one and a small recent one. The small one healed after eight exposures, and the large one started to close in.

(d) Scrofuloderma on leg. Still undergoing treatment.

(3). Skin lesions : Four :—

(a) Seborrhœic dermatitis of scalp, face, arms and trunk. Two years duration. Completely cured in thirty-six exposures.

(b) Seborrhœa of scalp. Slow improvement. Forty-two exposures. Still undergoing treatment.

(c) Eczema, arms, legs and face. One year's duration.  
Very rapid improvement. Six exposures. Still  
undergoing treatment.

(d) Infantile eczema of scalp. Almost clear after six  
exposures.

(4). Osteitis Fibrosa with fracture of both arms. Sent from  
the South Devon and East Cornwall Hospital for treatment.

(5). Chronic bronchitis : Four.

(6). Secondary Anæmia following Pneumonia : One.

*Routine course of dosage.* For the first three months the  
routine dosage was as follows :—

		<i>Back.</i>	<i>Front.</i>
1. Legs to knees	..	2 minutes	2 minutes.
2. To waist	..	2 „	2 „
3. Undressed	..	2 „	2 „
4. „	..	3 „	3 „
5. „	..	4 „	4 „

The exposures were then increased each time by one or two minutes, according to the amount of reaction, up to ten minutes back and front. This was continued until the end of the course, which consisted of two exposures per week for two months. In the cases treated with this routine course of dosage pigmentation generally occurred after the ninth or tenth exposure. Since authorities differ as to whether pigmentation is an advantage in treatment, or whether it is an obstacle to the penetration of the rays, a course was devised with the object of delaying pigmentation as long as possible and keeping the skin sensitive by exposing a smaller portion at longer intervals. These cases received the same dosage as in the first course up to the fifth or sixth exposure. After this the back and front were exposed on alternate days and the dosage increased by one minute each week up to ten minutes. This course lasts for three months or longer with two exposures per week. The longest exposure is thus ten minutes instead of twenty minutes as in the first course. It is possible to treat more cases at the same time and the mothers can get away more quickly. With both courses of dosage marked improvement has been noticed, but the results seem to be of a more permanent character when



the exposures are short and at longer intervals. Although there is a routine course of dosage each case is carefully considered and the dosage is regulated in accordance with the erythema produced. If there is more than a slight reaction of two to three hours' duration the dose is decreased or remains stationary until no reaction is produced. In cases which do not attend regularly the dose is increased very cautiously, and if attendances are missed for two weeks or more treatment is recommenced from the beginning of the course.

*Average duration of treatment.* Rickets. In the early months the average number of exposures was fifteen to twenty. This has been increased from twenty to thirty.

*Temperature and Pulse.* In every case the temperature is recorded before and after exposure. In no case has the temperature been above normal after exposure, though sub-normal temperatures have been raised from 0.2–0.4 degrees. In a few cases the temperature was found to be raised when the child arrived and no exposure was made. No records of pulse rate have been kept because most of the patients are under two years old and the pulse at this age is subject to considerable variations from such causes as exercise, crying, etc.

*Weekly record of weight.* Except in a very few cases there has been no marked increase in weight during treatment. Many children lose weight or remain stationary at first and then begin to gain. The general health, however, improved in every case. The muscles become firmer, dentition is hastened, the child becomes more active and generally starts to sit up, stand or walk after it has attended for a few weeks. Many mothers have remarked that fretful babies have become happy and contented and it is usual for a baby to sleep soundly for some hours after an exposure. The type of case which responds most rapidly and effectually to treatment is the anæmic, flabby, lethargic baby with early rachitic symptoms.

*Observations on the skin.* Babies are found to vary considerably in the reaction of the skin to light, and the complexion is not found to be a reliable guide as to how they will react. A baby suffering from anæmia and light starvation seems able to stand much larger doses than a child in good condition, whether the skin

is delicate or coarse or the hair dark or fair. The usual reaction is a slight erythema, sometimes followed by a fine branny desquamation. Generally the mother has noticed no erythema, as it occurs during the night, but remains of the faint desquamation can be seen at the Clinic. Pigmentation is never marked, and in many cases it is absent. Texture of the skin is often greatly improved, becoming smooth, glossy and supple. Local lesions, such as excoriated buttocks, intertrigo, and impetigo, heal rapidly and do not recur.

*Effect on Hæmoglobin.* The hæmoglobin is estimated by means of a Tallqvist's hæmoglobinmeter at the commencement of treatment and when the patient is discharged. Although this method is somewhat crude it is possible to tell whether any marked improvement has taken place. The normal percentage of hæmoglobin is very variable in young children. At birth it is 110% and it diminishes rapidly until the sixth month, when it is about 70%. This persists until the second year, after which a gradual rise takes place. In the cases examined 55% had a hæmoglobin percentage below 70. The average increase in these cases during treatment was 12%. Where the anæmia was pronounced the improvement was much more rapid than when the hæmoglobin was slightly below normal. Thus in one case there was an increase of from 35% to 60% after fourteen exposures, and in another case from 45% to 70% after twenty-one exposures.

*Number of patients treated :* 92. No. attending at present, 27.

Average cost of current per hour, 3*d*. No. of patients treated per clinic, 12 approximately.

Average cost of each patient's treatment, 1*s*. 3*d*.

*Lamp.* One Mercury Vapour Lamp of the Hewittic-Levick pattern. Amperage  $3\frac{1}{2}$ .

*Current.* Direct. Voltage 200.250.

*Conclusion.* The value of this treatment is shown by the eagerness of the mothers to be allowed to bring their babies even though they have to come long distances, and to attend twice a week for two or three months. Most of the children treated have been cases of rickets, and it is hoped that by getting these cases early it will be possible to prevent all deformities such as bowed



legs in the future. Other cases which have responded well to treatment are malnutrition, chronic bronchitis, anæmia and skin diseases. In every case the general condition of the patient has improved, and fretful ailing babies have been changed into happy and contented ones. An important item in the treatment is the fact that the mothers are brought into close contact with the Welfare Centres for a prolonged period and receive a large amount of individual attention and advice which would be impossible at the larger Clinics.

*Voluntary Workers.* We owe a debt of gratitude to those ladies who so generously give their time and services at the Clinics each week. In addition to the routine work at the centres and knitting garments at home the voluntary workers have organised a Sale of Work and two Whist Drives and Dances during the year. The money obtained has been used to give the mothers and babies a day in the country during the summer, and a Christmas party, both of which were greatly appreciated.

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## APPENDIX III

### **The Control of Infectious Disease in the Borough.**

BY E. J. HYNES, F.R.C.S. (Ed.), D.P.H. (Lond.).

*Scarlet Fever.* During the year 1926, 606 notifications were received. Of these, 498 cases (82 per cent) were treated in our Isolation Hospitals. Fourteen of these were found to be suffering from other diseases, generally German measles. These were isolated and returned home after a brief stay in hospital.

Twenty-nine return cases were notified (i.e. second cases of Scarlet Fever occurring within 28 days of the return home from hospital of a previous patient). The homes of all these patients were visited, and the returned patient and other members of the family examined. In only three cases was any evidence of infectivity of the returned patient discovered, two of these were re-admitted to hospital.

Generally speaking the disease has been of a comparatively mild type. There was only one death directly due to Scarlet Fever during the year.

*Treatment.* During the year 1925 and the first half of 1926, a trial was made of the treatment of Scarlet Fever with Scarlatina Anti-Toxic Serum, alternate cases being treated with and without Serum, and the two series compared. The result of this test was markedly in favour of Serum treatment. During the last half of the year all acute cases of the disease have been treated with Serum.

Taking for comparison :—

(1) The last 150 cases treated without serum  
and

(2) The last 150 cases treated with serum, we find as follows :—

In (1) The non-serum treated cases complications were frequent.

In (2) The serum-treated cases complications were rare,

In (1) The non-serum treated cases, the average stay in hospital was 43 days (4 patients were in hospital for over 100 days each).

In (2) The serum-treated cases, the average stay in hospital was 29 days. (The longest stays in hospital were 67, 44, and 42 days.)

This showed a saving of 14 "In-hospital days" for each serum-treated case. The serum is expensive, costing 16s. 8d. a dose. One dose is nearly always sufficient.

The average cost of a patient per day is about 7s. 6 $\frac{3}{4}$ d.; for 14 days, £5 5s. 10d. Deducting from this the cost of Serum (16s. 8d.), we get a saving of £4 9s. 2d. per patient, or a saving of £445 17s. 6d. per 100 by the use of Serum in this series of cases.

It remains to be seen what the result would be in the event of an epidemic of a severe type.

*Diphtheria.* During the year 283 cases were notified, of these 259 (91 per cent) were treated in our Isolation hospitals.

Fifty-two cases proved to be suffering from diseases other than diphtheria (generally tonsillitis) and returned home after a short stay in hospital.

Eleven return cases were notified; these were visited at their homes, only two showed evidence of infectivity and were re-admitted to hospital.

Many of the cases of diphtheria have been of a very severe type. There were 35 deaths. This is lamentable, as probably most of these lives could have been saved if they had come into hospital earlier. All these cases (with the exception of three, who died of complications, such as pneumonia) came into hospital in a very advanced stage of the disease, in such a hopelessly toxic condition that treatment was of no avail. Twelve of them died within twenty-four hours of admission; twenty within the first week. The others lingered on, listless, vomiting, pulseless, kept alive by ceaseless nursing, stimulants and saline injections, until their inevitable end, a grievous object lesson of the dangers of delay in obtaining early medical treatment in diphtheria.

If parents and those in charge of children would make it a rule to examine the throat of every ailing child and obtain medical



advice and immediate serum treatment, on the least suspicion of diphtheria (without waiting for the result of cultures and bacteriological examinations) there would be fewer deaths from this disease.

*Prevention of Diphtheria.* In last year's report attention was drawn to the fact that all the children in two large orphanages in the borough had been tested (by the Schick test) for susceptibility to diphtheria, and that all the susceptible children had been immunised against the disease by injections of diphtheria toxin-antitoxin.

In one of these institutions no case of diphtheria has occurred since this treatment was carried out.

From the other orphanage two cases of diphtheria were admitted to hospital. On visiting the institution I found that these two children were new-comers who had not been immunised. In spite of this introduction of the disease into the home, no case of diphtheria occurred among the immunised children. All new-comers to the orphanage have now received immunising injections.

If all our child population could be Schick tested and immunised in this manner, we could close our diphtheria wards.

*Enteric Fever.* Eight cases were notified during the year, five of these were treated at Mount Gold Hospital. All recovered.

Two other cases were notified and sent to hospital, but proved to be suffering from diseases other than enteric fever, and the notifications were cancelled.

*Smallpox.* One case of smallpox, contracted in the North of England, landed from a ship in H.M. Dockyard in March. He walked to a doctor's surgery in Devonport, fortunately without visiting any shops or houses on the way. The doctor, suspecting that he was suffering from smallpox, notified the Public Health Department, and detained the man in his surgery. I visited him there and found that he had smallpox of a mild type. As he was a Port case, I called in the Port Medical Officer, and with him visited the ship and vaccinated all contacts on board.

Several of the crew had visited ships and houses in the borough. All contacts were traced, and most of them vaccinated; contacts who were not vaccinated were visited until the danger period was passed.

The infected man was removed to the hospital ship. He recovered. No further case of smallpox occurred in the borough. Our thanks are due to Dr. Harries, for his prompt notification of this case, and for his detention of the man in his home at considerable personal inconvenience.

*Chicken-pox.* Seven hundred and four cases were notified during the year. A large percentage of these cases were visited by myself, to ensure that there was no undiagnosed case of smallpox amongst them.

*Visits to Institutions, Homes, Etc.* Whenever several cases of Scarlet Fever or Diphtheria have occurred in any one school, the school has been visited, the children systematically examined, and in case of diphtheria, swabs taken from their throats and noses, and cultures made and bacteriologically examined.

On several occasions carriers of disease have been discovered, admitted to hospital and detained until free from infection. By these measures the spread of the disease in the schools has been checked.

During the year about 350 patients, suspected of, or suffering from, infectious diseases, have been visited in their homes by myself, in many cases at the request of, or in consultation with, their medical attendant. When necessary for diagnosis, lumbar punctures have been performed and cerebro-spinal fluid, blood and other specimens obtained for examination by the Borough Pathologist.

Many of these patients have been admitted to one or other of the Isolation Hospitals. In other cases, when necessary, arrangements have been made for their treatment in the general hospitals of the town.

The Honorary Staff of the South Devon and East Cornwall Hospital has been particularly kind in admitting cases for treatment which could not be dealt with in our Borough Hospitals.

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## APPENDIX IV

### Report on the Plymouth Tuberculosis Dispensary.

BY H. T. CHATFIELD, M.C., M.B., B.CH., D.P.H.  
(*Assistant Medical Officer of Health.*)

The year 1926 may be described as a popular year for the Tuberculosis Dispensary—popular in the sense that a greater number of patients have attended the Dispensaries than in any previous year, and a greater number of patients have received Institutional Treatment.

The following figures show how the work has increased during the year :—

	1925	1926
Attendances at Dispensaries .. .. .	8,472	10,289
Primary Notifications of Tuberculosis—		
Pulmonary .. .. .	389	443
Non-Pulmonary .. .. .	103	116
Average number of patients who received Residential Institutional Treatment .. .. .	137	155
Number of patients at Training and Treatment Centres on the last day of each year .. .. .	3	12
Number of patients at the Devon and Cornwall Ex-Service Colony, Efford, on the last day of each year ..	30	36
Number of cases sent to the Dispensaries, by Medical Practitioners, for opinion .. .. .	132	142
Domiciliary Visits to patients' homes .. .. .	186	246
Consultations with General Practitioners—		
At the homes of patients .. .. .	36	52
Otherwise .. .. .	31	430
Number of patients given Dental Treatment .. .. .	44	59
Number of Domiciliary Reports rendered by Medical Practitioners .. .. .	80	187

I should like to add a few remarks on some of these items.

*Notifications.* These show an increase over the previous years' figures, but there are two factors which help to explain this, viz., (a) Every encouragement has been given to Medical Practitioners to send doubtful cases to the Dispensaries for diagnosis or to arrange with the Tuberculosis Officer to meet the Practitioner at the patient's home, in consultation ; and (b) Owing to the increase



in unemployment during the greater part of the year, with the inevitable consequences of poorer and insufficient food, many dormant cases have been brought to a head who would, in more favourable conditions, have remained in reasonably good health.

*Institutional Treatment—*

(a) *Didworthy Sanatorium.* This Institution, for early cases, has become extremely popular and at the present time there is a list for admission, of both adults and children, who are awaiting admission for treatment.

(b) *Udal Torre Sanatorium.* The beds at this Institution, for intermediate and advanced males only, have also been well maintained, and at the end of the year there was also a waiting list ready to be admitted as soon as beds could be procured.

Our greatest difficulty in regard to Institutional Treatment has been in obtaining beds for Intermediate and Advanced Female cases. The only Sanatorium where we have been successful in obtaining the admission of such patients is at St. Barnabas Home, Torquay.

This is a small Institution of 28 beds, and at the end of the year there were 9 of our patients being treated there. I only wish we could get a larger number of our intermediate and advanced female patients admitted to this Institution.

It will be readily understood that it is of paramount importance that this type of case should receive Institutional Treatment, and especially so in the case of a mother with young children, when the mother is tuberculous. The danger of children becoming infected is much greater when the mother is tuberculous than when the father is so affected.

Some sceptics are against Institutions for advanced cases, but, in my opinion, such Institutions are absolutely necessary if the disease is ever to be controlled. One does not expect cures from this type of case ; but their isolation is of great importance to other members of the family.

For this class of patient three months treatment in an Institution is of very little use, and they should be urged by Resident Medical Officers to remain for a prolonged period of treatment, both in the interests of their family and for their own good.

Other cases of Pulmonary Tuberculosis in adults have been treated at Nordrach-upon-Mendip Sanatorium, Blagdon ; East Anglian Sanatorium, Nayland, and at the Royal National Sanatorium, Bournemouth, during the year.

For the Institutional Treatment of our *Non-Pulmonary Tuberculosis* cases we are absolutely dependent on outside Institutions, and we have maintained some 40 cases all the year. The need for our own Institution for this type of case is very keenly felt, but good results have been obtained in nearly every case sent away to Institutions as far north as Oswestry and as far east as Margate. Our thanks are due to the following Institutions who have accepted our cases during the past year: Royal Albert Hospital, Devonport ; South Devon and East Cornwall Hospital, Plymouth ; Shropshire Surgical Hospital, Oswestry ; Children's Orthopædic Hospital, Bath ; Royal Sea Bathing Hospital, Margate ; St. Vincent's Home, Pinner ; Royal National Orthopædic Hospital, Stanmore. Patients have also received treatment during the year under the special approval of the Ministry of Health, at Davos-Platz Sanatorium, Switzerland, and Les Hirondelles, Leysin Village, Switzerland.

*Contacts.* The greatest importance is attached to this branch of the work and every effort is put forth to encourage "contacts" to attend for examination at one of the Dispensaries.

As soon as a case is notified under Public Health (Tuberculosis) Regulations, a letter is sent from the Dispensary inviting all "contacts" to attend for examination, or to be examined by their own Medical Attendant. The Health Visitors also request them to attend on her visits to patients, and I also urge the attendance of "contacts" when I examine patients at either of the Dispensaries or on my domiciliary visits.

*Training and Treatment Centres.* The Colony is the ideal place for a large percentage of cases who are unsuited for employment under industrial conditions, and there is no doubt that the health of most patients is maintained and working capacity increased at such Institutions.

The Employment and Training Committee of the Care and After-Care Committee realise how very difficult, and very often how impossible, it is to get patients who have been recommended



for employment a suitable post, and when one realises the number of unemployed able-bodied men who are seeking employment it will be readily appreciated that the Committee's task is almost hopeless and that the solution of the problem lies in the Colony.

There is no doubt that the great majority of employers of labour do not wish to engage Tuberculous persons, and I expect that this is the position experienced by most Local Authorities.

It is certainly not very encouraging for the Consumptive to realise that his greatest difficulty has not been surmounted when he has been restored to health, but that he is face to face with trouble when he commences to look for suitable employment.

That a patient has to face such a problem is, in my opinion, very much to be regretted. To overcome this great difficulty it would appear that the time is now ripe when the Ministry of Health might be approached with the suggestion that they initiate a Public Campaign to influence employers of labour to reserve a proportion of suitable occupations for Tuberculous persons who are physically fit and recommended for employment.

*Devon and Cornwall Ex-Service Colony, Efford, Plymouth.* This Colony might be termed a local attempt to solve the difficulties of the Tuberculous male patient, and the Board of Management has been, and is still doing an excellent work in this direction. At the moment 40 Trainees are receiving training there, 15 of whom are living, with their wives and families, on the site, and the remaining 25 being non-resident.

All these Trainees are regular attendants at the Dispensary, and their Treatment and Training are under the control of this Department.

*Injections.* A certain number of Pulmonary and Non-Pulmonary cases have been treated at the Dispensary with Injections of Tuberculin. The Pulmonary Group, who were mainly of the Intermediate Type of case, showed improvement under this treatment and their general health was well maintained whilst undergoing the same.

The Non-Pulmonary Group, which included Abdominal Lesions, Bone Lesions, Disease of Kidney, Disease of the Eyes and Glandular Tuberculosis, have all done extremely well and the



disease appears to be quiescent in a fair proportion and in the rest of the cases the disease is being held in check.

*Tuberculosis Care and After-Care Committee.* This Committee has extended its activities during the past twelve months. Assistance, by the provision of clothes to enable patients to accept treatment in and remain at Residential Institutions, by monetary grants, by the provision of home-help when the mother is in Sanatorium, etc., has been given in 104 cases to the extent of £108 8s. 1d., a large increase on the money so expended in 1925.

The Committee has adopted the principles incorporated in the Grancher System and has two children of Tuberculous parents with foster-parents, and more are being sent away shortly.

The work of the Committee is, of course, curtailed somewhat as no grants whatever are made to it and the whole of their funds are raised by voluntary efforts.

The whole of the work undertaken by this Voluntary Committee is of sound and practicable value.

*Co-operation.* (a) Between the Housing, Sanitary, Venereal Diseases, Maternity and Child Welfare and School Medical and this (Tuberculosis) Departments.

The closer the co-operation between us the greater the advantage to patients attending the various Clinics. During the past year I have had the advantage of working in close contact with the other Sections of the Public Health Authority and would wish to express my appreciation for the great assistance that has been rendered. The patients, too, are realising, as never before, that we are formed for their good, and this can only be obtained and maintained by the continuation of the present close co-operation which exists between the Departments.

(b) Between Medical Practitioners, Medical Officers and Relieving Officers of the Boards of Guardians.

I should like to take this opportunity of extending my cordial thanks to these ladies and gentlemen for their co-operation. The great increase in the number of consultations, both at the homes of patients and at the Dispensaries, is evidence of the good feeling which exists between us, and I trust that all doctors will realise more and more our desire to be of every assistance to them in the treatment of their patients.

*Clinics.* It has been realised that many adults cannot attend the ordinary day Clinics at Beaumont House and Royal Albert Hospital, on account of their inability to obtain leave of absence from their work, and the Thursday evening Clinic, will, I am sure, prove a boon to many patients. The Staff at Beaumont House are only too pleased to work the extra time entailed. The evening Clinics commenced on the 6th January, 1927.

Tables and Charts giving details of the work of the Department for the past year are given in the Appendix to this Report. In conclusion, I should like to express my thanks to the Tuberculosis Dispensary Staff for their unstinted labour and loyalty.

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## APPENDIX V

### Didworthy Sanatorium Report for 1926.

By A. T. BETTINSON, L.R.C.P., M.R.C.S.

*(Resident Medical Officer).*

Didworthy Sanatorium is situated on the southern edge of Dartmoor. It is about two miles from the nearest village, namely, South Brent. Although it is 700 feet above sea level it is well sheltered by the hills around.

At present we have 72 available beds ; 35 are allocated to women and girls and 37 to men and boys. A new 20-bed ward is being built. This will give us another 14 beds and enable us to close down the wooden shelters used for boys. We have an open-air school for children.

During the year 133 Plymouth Council cases were admitted and 115 were discharged. There were also 11 admissions and 11 discharges of cases sent by other authorities. The average stay of each patient varies from 6 to 9 months.

Of the cases in which tubercle bacilli were not found in the sputum, 35 per cent were discharged quiescent and 65 per cent very much improved.

Of those cases in which tubercle bacilli were found in the sputum the Stage I cases (early disease) showed very good results, 55% being discharged quiescent and 45% very much improved.

When we consider the second and third stages of those with positive sputa the results are not so good ; indeed, 10.5% of the former class and 57% of the latter class showed no material improvement.

It is a great pleasure to note how rarely advanced cases, cases that need hospital treatment, are sent in. Didworthy is ideal for early cases, but unsuitable for advanced cases.



During the year we had only one death, the patient had been here for eighteen months and could not be moved because of home conditions and age.

The above figures go to prove how essential early diagnosis and treatment are in the successful treatment of tuberculosis.

Children and young adults do remarkably well here ; but middle-aged people, especially those with a deal of fibrosis, do not do so well in our hilly surroundings.

One of the essentials in Sanatorium life is to keep the patients happy ; to create, if it is not already present (and it often is not) a healthy mind.

The patient who eats and drinks and prays in the terms " I am a consumptive, I shall never get well,"—he will not get well, whatever is done for him.

We guide the patient, and he recovers by himself. He is encouraged to lead a healthy life down to the smallest details. It is no use for him to open all his windows and yet go about with two vests, " a chest protector," a shirt, a waistcoat and cardigan on, and wear the same at night minus the waistcoat. And this sort of thing does happen.

The reasons for fresh air, sunlight, rest, and a sensible diet are taught and the patient carries the teaching away with him. He soon realises, for example, the essentials of dental hygiene, and that to keep a rotten tooth in his mouth is equal to keeping a piece of putrid meat there. He becomes a disciple of " preventive medicine," he realizes that living a healthy life does more good than an ocean of medicine.

Heart-to-heart talks between doctor and patient will bear fruit in years to come.

A patient must not only feel fit while he is leading a life of comparative ease at a Sanatorium. He must be discharged able to take his place in the world again as a useful citizen. This must be our aim, although we cannot always attain it.

A man, after a stay in a Sanatorium of six or nine months, may feel fit, doing nothing, may have gained pounds in weight (chiefly flabby fat) and have lost his cough and sputum ; but what often happens when he starts work again, even under the best conditions, is a relapse and a return to the Sanatorium.

We aim at discharging a patient not after so many months' treatment, but when he is fit and proved to be fit to work without any reaction. This brings me to another essential part of treatment, "occupational therapy." Although we cannot do this on the same scale as the larger institutions, yet our results are good. All work is done under direct medical supervision, and if a patient shows any signs of reaction he is immediately put to rest or bed—so a patient doing perhaps one hour's light work per day gets gradually to the stage when he can do 7 or 8 hours' work without any reaction.

By this means he uses his own toxins to produce immunity to his condition, in other words, he becomes salted to his disease.

When a patient is admitted he is kept in bed until all acute symptoms have subsided. He then gets up for an increasing time each day and, if his progress is satisfactory, he commences to take walking exercises. When he has got to the state that he can take a walk of a mile or more, light work is commenced and steadily increased until a full day's work can be done without reaction.

The length of time that this takes varies from six months to a year.

The work done is useful work and, apart from the therapeutic value, it makes patients take a keen interest in the institution. They feel that they are doing something to help one another, to help us, and to beautify their temporary home. They feel fit in doing work and it gives them great hope. Often they are heard to say: "I never thought I should be able to work like this again."

It is difficult accurately to estimate the value of work done by the patients at Didworthy during the year, but it would seem that this may be considered to be between six and seven hundred pounds, if outside labour had been employed to perform the work done by the patients. This is made up as follows: Gardening, £60; domestic work, £288; various constructional works, greenhouse, etc., £140; rustic walks and seats, £30; painting, carpentry, making and repairing deck chairs, £40; boot repairs, £52; wiring hospital for wireless over each bed, £40 in 1926.

The working patient is the happy patient. There is nothing sadder than to visit some sanatoria and to see the patients cheerless and unemployed, sitting about and considering how ill they are. Graduated work and graduated rest cure early tuberculosis of the

lung, and the patients at Didworthy, knowing this, are happy and full of hope.

Among the improvements during the year may be mentioned the following :

1. Construction of an open-air school for children. Prior to this the school was held in the dining hall.
2. The partitioning off of part of the dining hall and making a lounge and recreation room for the women.
3. The making up and tar spraying and gravelling of the paths and roads in the Sanatorium.
4. Construction of concrete water storage tanks, thus providing a stable water supply.
5. Painting and decorating of institution.
6. Construction of greenhouse.
7. Making of flower beds in Sanatorium grounds.
8. Installation of wireless over each bed (still in progress).
9. Construction of sand pit and sun trap for children.
10. Cutting walks through woods attached to Sanatorium.
11. Fitting up of workshops for patients.
12. Careful revision of diet for both children and adults.
13. Dental treatment and teaching of dental hygiene in the institution. I should here like to express my appreciation of the work done in the institution and help given me by Mr. E. R. Williams, dental surgeon.

### **Social Life of Patients.**

All possible is done to keep patients from having idle time in which to get "fed up," home sick, and introspective.

Both men and women have recreation rooms in which all forms of healthy amusement are provided.

We have formed a patients' committee. Members are elected by the patients monthly. At these meetings, over which I preside for the men and the Matron for the women, much good is done—we meet on an equal footing.

We have now two shops—one for the men and one for the women—and they are managed by patients. The profits constitute a welfare fund and go to provide money for whist drive



prizes, billiard tournaments, char-a-banc outings and grants to needy patients. Out of these profits we have recently defrayed part of the cost of a new wireless set.

I cannot say how greatly the installation of wireless has been appreciated by the patients. It is a great boon to those confined to bed and during the rest hours.

The work of wiring and installation has been entirely done by patients.

We often have concert parties and cinema performances. The patients have given several very good concerts—it is here that the children shine.

Much has been accomplished during the year ; but much yet remains to be done.

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## APPENDIX VI

### Sanocrysin in the Treatment of Pulmonary Tuberculosis.

BY R. DAVIS, M.C.P. AND S. (Sask.)  
*Resident Medical Officer, Udal Torre Sanatorium,  
Yelverton, S. Devon.*

My experience with Sanocrysin in the treatment of Phthisis is very brief, being limited to five cases only.

The administration of gold in Phthisis is by no means a recent method of treatment. Even as early as the sixteenth century gold was used extensively in treating cachexias resulting from Phthisis, Scrofulosis, Syphilis, etc. But it would appear that the result of its administration was too drastic, and it was eventually abandoned.

Gold, as prepared to-day in the form of Sanocrysin, is potentially dangerous, but I think I can safely say, decidedly beneficial when properly administered in suitable cases of Pulmonary Tuberculosis.

The symptoms following its use may be any one, or a combination of the following :—Headache, pain in back and limbs, rash, rigors, rise in temperature, metallic taste in mouth, sore mouth, albuminuria, nausea, vomiting, diarrhœa, and even jaundice and epistaxis.

Faber has pointed out that *Shock* and *Renal Complications* comprise the real risk. I have not experienced *shock* in any of my cases.

I may point out that any of the above symptoms can be produced by many metallic poisons.

Moellgaard advances the following three reasons for the symptoms ensuing upon the use of Sanocrysin :—First, Tuberculous Toxæmia due to liberation of endotoxins or destruction of tubercle bacilli. Second, “ Sanocrysin shocks ” due to tuberculin released by the destruction of tubercle bacilli. Third, tuberculin reactions, which take the form of focal reactions.

Perhaps the most potential cause of the symptoms is due to the effect of the gold itself acting as a strong metallic bactericide. In other words, its action is direct and not through the liberations of endotoxins, at least the symptoms would point to this. Yet I am not in a position to discredit Professor Moellgaard's explanation.

Sanocrysin is excreted by the kidneys, liver, lungs and digestive tract. De Witt points out that gold seems to select the spleen as an organ of excretion by preference. Stipulation of the red blood cells with gold is found and no doubt accounts for a large portion of the metal in the spleen.

It is no easy matter to select suitable cases for Sanocrysin treatment. I have given it to those only who had not benefited by all other means at our disposal in the treatment of Pulmonary Tuberculosis. The beneficial effects of Sanocrysin are found only when given in sufficient strength to produce a mild reaction. This amount is well borne in patients who still have sufficient resistance, not only to combat the disease but also the poisonous effects of the metal itself. In other words it is contra-indicated in those patients already worn out by a prolonged fight against the tubercle bacillus.

The following is a brief account of each case :—

1. Male, aged 37. Duration of illness 4 years. No history of contact. Condition first manifested by hæmoptysis, which has recurred at various intervals. In 1923 and 1924 he received Sanatorium treatment of three and four months respectively, each time improving sufficiently to be discharged.

He first came under my observation on August 14th, 1926. Sputum positive. He was kept in bed. The right lung active with crepitations throughout. Many coarse crepitations heard in lower portion of upper lobe. The left apex was also active. He continued to have occasional small hæmorrhages from the lungs. On August 31st, Sanocrysin, .05 gm. was given subcutaneously. No reaction followed. September 8th, sputum blood-stained, .10 gm. Sanocrysin intravenously. Slight headache followed ; no other reaction. Staining became less and on September 12th sputum became clear. September 17th, .10 gm. Sanocrysin, intravenously, followed by slight rise in temperature, with headache. Sputum still positive, urine clear. . September 24th, .25 gm. Sanocrysin, intravenously. No reaction. Sputum decreased from two ounces daily to one-half



an ounce. October 1st, .25 gm. Sanocrysin. Slight rise in temperature the next day. October 15th, .50 gm. Sanocrysin, no reaction. Sputum, two drams. October 22nd, .75 gm. Sanocrysin. Slight rise in temperature. October 26th, out of bed for 2 hours. October 29th, in bed. Sanocrysin .75 gm. Slight rise in temperature. Sputum one ounce. October 1st, up 4 hours. October 5th, bed, .75 gm. Sanocrysin. No reaction. Sputum one ounce. November 9th, up 4 hours. November 11th, sputum again positive. November 12th, in bed. Sanocrysin .75 gm. Headache, nausea and vomiting the next morning. Urine increased in daily output. November 17th, up 2 hours. November 19th, .75 gm. Sanocrysin, followed by nausea and vomiting the next day. Urine slight trace of albumen. Sp. Gr. 1012. Daily output 90 ounces. No more Sanocrysin was given after November 19th. November 21st, urine 80 ozs. November 22nd, urine 70 ozs. with trace of albumen. November 23rd, up 4 hours. November 28th, urine normal in amount and has remained so. At time of writing the urine shows a trace of albumen but no casts or renal cells. Patient gained weight steadily throughout the course of treatment, gaining 1 stone 11 lbs. Upon entering the Sanatorium he complained of dyspnœa. This has disappeared and he is greatly improved in every way. The coarse crepitations in right lung have disappeared. There are still a few, fine crepitations, but these have greatly decreased following the treatment. Hæmorrhages have not recurred, although crepitations have appeared in lower portion of upper lobe, left lung. Note that it was not until after the fourth injection of .75 gm. of Sanocrysin, that nausea and vomiting occurred and the urine showed pathological changes. This, no doubt, indicated that the point of tolerance (in this case) was reached owing to the accumulative effects of the drug. Since November 28th, patient has been up all day and states he has not felt so well for the past 3 years. His sputum at time of writing is one-half an ounce daily. He still complains of a metallic taste in his mouth. I hope to give this patient another course of Sanocrysin in about one month's time.

2. Male. Aged 22. Onset of Pulmonary Tuberculosis, October, 1920, with hæmoptysis. Has spells of fair health with recurrences of hæmorrhage from lungs. Sputum always positive. No family history of Tuberculosis. In 1924 patient developed Tuberculous Laryngitis. Patient first came under my observation in May, 1926. Entire right lung and left upper lobe active. Cavity in both upper lobes. Many coarse crepitations were present in area surrounding

cavity in left upper lobe. Heart drawn to left. In July, 1926, patient had a severe hæmoptysis, after which he did not regain his former strength. Patient in bed. I then gave patient .10 gm. Sanocrysin subcutaneously. No systematic reaction. Local reaction in arm—reddening and swelling which disappeared in 3 or 4 days. Three more injections of .25 gm. each were given intravenously at intervals of 7 days. Beyond slight headache, metallic taste in mouth and pain in back and limbs, no symptoms followed. He bore the Sanocrysin well. Sputum remained stained and positive. On September 13th, 1926, the patient died suddenly from pulmonary hæmorrhage, four weeks after first injection of Sanocrysin.

3. Male. Aged 49. Developed Pulmonary Tuberculosis in 1918. Came under my observation for the first time in May, 1926. A chronic fibroid condition in both lungs. Both bases showed faint breath sounds and many ronchi and crepitations. Patient complained of marked dyspnœa. Three injections of Sanocrysin were given at 7-day intervals as follows:—First injection, .10 gm. subcutaneously. Headache followed. Second injection, .10 gm. intravenously. Headache and pains in limbs. Third injection, .10 gm. intravenously. The next day patient had severe headache and epistaxis, which recurred at various intervals for the next three days. The epistaxis recalls the observations by Carron du Villards that the catamenia is influenced as to quantity and frequency of recurrence by moderate doses of the chloride of gold. A fourth dose was given, .25 gm. Sanocrysin intravenously, followed by headache, epistaxis and a trace of albumen in the urine. The epistaxis was severe and continued at varying intervals for four days. For this reason Sanocrysin was discontinued. Patient was kept in bed the day of the injection and for three days following. The next three days he was allowed up for six hours. His dyspnœa greatly improved. The breath sounds were not so faint and dullness decreased with a marked improvement in number of ronchi and crepitations. He gained 2 pounds in weight after the third injection. Lost  $\frac{1}{2}$ -lb. after the second injection. The temperature after the second injection was more uniform and in range nearer the normal than previously. Sputum decreased from three ounces to two ounces daily. Sputum was positive on November 11th, one month after last injection. Urine normal. Patient unfortunately left the hospital on November 24th, otherwise Sanocrysin would again have been administered.



4. Male. Aged 16 years. Developed Pulmonary Tuberculosis in left apex. latter part of 1925. Patient kept in bed. After four months in bed disease was arrested and patient allowed up. Patient failed to increase in weight from the time he entered Sanatorium. In fact he gradually lost weight, but grew eleven inches in height. Four months after permission to be up all day he became febrile, having developed activity in left apex again, which rapidly spread throughout entire lung and then spread to right lung. He was kept in bed. Noting the rapid spread of the disease, I resorted to Sanocrysin, beginning with .10 gm. subcutaneously. Temperature next day 98.8 and the following day 100.4, the following day normal and remained normal for the next week. Urine showed trace of albumen. The third day after the injection patient stated that he had not felt so well for weeks. Dyspnœa decreased to a marked extent and the appetite was better than it had been for weeks. During the fourth, fifth and sixth days after the injection the sputum decreased to one-half the usual amount. One might think that the dose was too small to produce so dramatic a result, but the patient weighed only six stone. Sputum remained positive and no change in physical signs were evident. Seven days after first injection .10 gm. of Sanocrysin were given intravenously. No symptoms followed. The second day after patient again became febrile with return of dyspnœa and cough. I discontinued Sanocrysin for two weeks, when .10 gm. was again given intravenously. No symptoms followed. The patient's lung condition rapidly became worse and he eventually died from Pulmonary Tuberculosis.

5. Male. Aged 27. Duration of illness, 18 months. One brother died of Phthisis. Treatment in Didworthy Sanatorium for three months. Did not do well, suffering continuously from dyspnœa and anorexia. Temp. range on admission to Udal Torre Sanatorium 97. to 100. on 1st November, 1926. Patient kept in bed. .10 gm. Sanocrysin given November 19th. No reaction. November 26th, .10 gm. Sanocrysin intravenously. No reaction other than slight headache. Temperature range 97.6 to 98.6. December 3rd, Sanocrysin .25 gm. Temp. for next three days reached 99., then fell to normal the next day. Headache and pains in limbs followed. Urine clear. December 10th, .25 gm. Sanocrysin, slight rise in temperature, no other symptoms. December 17th, .50 gm. Sanocrysin. Temperature normal. Nausea the following morning. Again on December 24th and 31st patient received .50 gm. Sanocrysin. Urine normal. Metallic taste in



mouth since last injection and pain in roots of teeth in maxilla. Temperature has been practically normal since December 12th and appetite good. Gained  $\frac{1}{2}$ -lb. in weight. Patient is still under treatment at time of writing. Less activity in left lung than upon entry. Sputum still positive and same in amount.

In conclusion I refer to case 1 in order to point out that the sputum was negative from October 1st, 1926, to November 11th, i.e., during the period in which the patient did not show symptoms of the accumulative effect of the drug. After the point of tolerance was reached the sputum became positive. Why? It may be that the toxic effects of the accumulated gold lowered the resistance of the patient and thus permitted the bacillus to become active once more. Also it would appear that accumulated gold has no destructive effect on the bacillus. In other words it is only during active circulation of gold in the blood that Sanocrysin acts as a potential agent in allaying the course of pulmonary tuberculosis.

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## APPENDIX VII

### **Report of the Venereal Diseases Treatment Centre, South Devon and East Cornwall Hospital, Plymouth.**

BY G. D. KETTLEWELL, L.R.C.P., M.R.C.S.

*(Medical Officer in charge).*

When the Royal Commission on Venereal Diseases sat in 1923, the hope was confidently expressed that the incidence of Syphilis could be very largely controlled by efficient treatment of the sufferers. Although it cannot be claimed that Plymouth is absolutely free of this disease, it can with safety be said that the disease in its active form has been practically stamped out of the town.

When the Plymouth V.D. Treatment Centre was started in 1919, the number of active cases of Syphilis seen in one *week* would very closely correspond to the number seen during the whole of the year 1926. The figures are very satisfactory as regards the spread of Syphilis in its contagious form, but unfortunately many patients, in spite of repeated warnings, are satisfied with the disappearance of "active lesions" and cease to attend before they are really cured. The probability is that these patients will not be able to spread disease, but they may later in life suffer from the very serious sequelæ of Syphilis. There is, however, one very important point with regard to these patients, they are capable of handing down the disease to their children as Congenital or Hereditary Syphilis.

The result of Syphilis in one or both of the parents may show itself under the following groupings :—

- (i) Miscarriages and Stillbirths.
- (ii) Children born with evidence of disease, rash, sores, snuffles, etc.

- (iii) Children born *apparently* healthy, who may show no signs of disease until the age of roughly five to fifteen years.
- (iv) Children who show no signs of disease until after fifteen years.

Group (i). Should be dealt with by the individual medical man or nurse. In all cases of repeated miscarriages or still-births, the parents should be advised to have a blood test, and if necessary undergo treatment.

Group (ii). The disease is obvious, the children should be treated for long periods (two years, at least) by the medical man, or the parents should be advised to take the child to the Treatment Centre.

Group (iii). It should not be difficult to deal with the children in this group, as they are attending school ; the average age at which the disease may show itself is about seven years, and may effect :

(a) *The eyes.* Keratitis or ulceration of the front of the eye or eyes, causing dimness of vision and in some cases " practical Blindness."

(b) *Deafness.* Of a slow and gradual character, which nearly always leads to permanent deafness.

(c) *Bone.* Caries or destruction of bone which often results in a " cripple." The disease is closely allied to Tuberculous disease of bone, for which it is often mistaken.

(d) *Skin.* Generally an ulceration, often on the face and very disfiguring.

(e) *Mentality.* A large number of these children have a " kink," are slow at school, difficult to teach, and often mentally deficient.

(f) *Physically.* These patients are stunted, undeveloped, anæmic, and generally unhealthy.

N.B.—In this particular group, many of these troubles might be prevented *if* the patients were treated early enough.

Group (iv). After the age of fifteen, the syphilitic taint may show itself in any of the forms mentioned under group (iii), but, in addition, severe forms of nervous disease may develop, such as locomotor ataxia (creeping paralysis) or general paralysis of the insane ; optic atrophy



(disease of the nerves of the eyes), causing total blindness, is not uncommon.

It has always been recognised that there must be a large number of Congenital Syphilitics in Plymouth who were not being treated for their disease. A fair number had been seen at the Clinic from 1919 to 1924, who had come voluntarily, or had been sent by medical men, but it was perfectly obvious that it was only a very small portion of sufferers. In the early part of 1925, with the concurrence of the M.O.H., it was decided to make an attempt to seek out any children of school age who were suffering from Congenital Syphilis.

A somewhat cursory examination in the later half of 1925, showed that the number of children who required treatment had been greatly under-estimated. In 1926 approximately 2,000 children were examined and 42 visits were made to various schools. As a result of this year and a half's work 156 children were "gathered in."

It will be interesting at this point to analyse the number of Congenital Syphilitics which have been seen at the Clinic since 1919, together with the chief ailments from which they were suffering—many of the patients were suffering from two or more ailments—but for the purpose of analysis, the chief ailment only is recorded. (See Table 8.)

It will be seen that the total number was 533 ; 313, or roughly three-fifths, were children of school age. Sixty-six were suffering from serious eye trouble, by far the largest number being due to ulceration ; in some of these cases the loss of sight amounted to "dimness" only, in others there was marked impairment, and a few were practically blind. One child at present under treatment is "deaf" and "blind." The treatment of the disease is very slow and prolonged, and probably every one of these children lost at least six months' schooling. Seven children were deaf. There has not been sufficient time thoroughly to examine and test the children in the deaf school, but from a casual inspection, there is no doubt that a fair number would come under the category of Congenital disease.

Twenty-three were suffering from bone disease in some form, in several cases the bones of the nose have been affected, causing gross disfigurement. In two of the patients the smell from the nose was so offensive that the children were each absent from school for over two years. There were ten children who were

cripples, due to diseased bone. There were 15 cases of skin trouble ; luckily, when the disease attacks the face, the parents seek advice early. One child was seen who is grossly disfigured for life. One other child, who was first seen five years ago, was a miserable ill-conditioned child, covered more or less with ulcerating sores all over the body. This child has been under treatment ever since and now only shows faint scars of the disease.

The mental deficient cases—71—have nearly all greatly improved under treatment—many of them have been rendered “teachable” and have been improved in character. Some of them are unclean in their habits and suffer from incontinence of urine. This particular fault is very amenable to treatment, and it has been surprising to see the miserable, dirty, offensive child converted into a clean, healthy child after some months of treatment.

Eighty-five are marked as “minor” ; these are the children which it is most desirable to put under treatment. These children all had stigmata of disease and wanted preventive treatment. They were all children who, if untreated, would eventually come under one or other of the *gross* lesions.

It will be noticed that in the analysis of cases there is a column marked “No signs.” It is not always possible to prove that a patient is a Congenital Syphilitic. Some children with absolutely definite stigmata of the disease will show a Negative Blood Test. A considerable number of the cases were put on treatment, because the parents were known to be syphilitic, in others a brother or sister had a positive test. Considering the terrible results of untreated Congenital Syphilis, it is surely better to treat the patient “preventively” and watch the result, rather than to let things take their course with perhaps disastrous consequences. For this reason about thirty-three children have been tentatively treated, with the surprising result that the majority have improved generally in health and development. If these “possible” children are excluded from the analysis, the figures are sufficiently terrible.

Physically, all “congenital” children are stunted, ill-developed and diminutive, many of 10 and 12 years of age are physically aged six. They might be considered as the C3 class of the future.

In dealing with the figures it must be clearly understood that they are not fairly representative of all the school children, and



it is not a fair average for all the children of the town, the figures deal with about 2,000 only. A large number of these children were found because the stigmata of disease were plainly visible ; and very great assistance has been given by doctors, school nurses, and teachers ; they were in most cases obvious cases of Syphilis. It can be said, however, that from ordinary observation there is still a considerable number of children who are not being treated, a fairly moderate estimate is that 2 to 3 per cent (roughly 1,000) of the children in Plymouth are Congenital Syphilitics. This estimate does not seem very alarming, but of the 313 children of school age who have been discovered in seven years, 66 were suffering from serious eye trouble, 23 bone disease, 10 were cripples, 15 skin trouble, 71 were mentally deficient, and 7 were deaf. These children will all be grossly handicapped in after life and some of them will be quite unable to earn a living. Some will probably be placed in blind institutions, others in homes for mentally deficient, and others again, from constantly recurring sickness, will spend a large part of their lives in institutions and infirmaries, a small few will end their days in the asylum, all at the expense of the State. And yet a very large amount of this expense could have been saved if only the children had been treated early enough.

To examine all the school children of the town for Congenital Syphilis, would be a colossal task, but it would probably be possible to make a cursory examination in all the schools and pick out some here and there. It would only mean getting hold of some of the worst cases, but it might be the means of saving one case of blindness, and one case of blindness might cost the town £50 a year for many years. The chief point is to get hold of the children early, before the disease can begin its crippling work. It has often been said that parents might strongly object to "raking up the past" ; but this is not the experience of the local Clinic. Parents have responded most nobly to the call of duty, have brought their children regularly for treatment and have been most grateful for the visible improvement in their children. Many parents have brought their children voluntarily for examination, and have also undergone treatment for themselves. A thorough examination and test has only been refused in *one* case.

The experiment of the past two years has proved more than satisfactory, and it is proposed to carry on the work as far as time permits.



The work of tracing out these children has been greatly furthered by the kindly help and active interest of nurses and school teachers, but for this assistance it would have been practically impossible to examine such a large number of children.

### **Congenital Syphilis and Tuberculosis.**

Congenital Syphilis is capable of causing disease of the lung and bone, and it is often a matter of very considerable difficulty to be able to prove definitely from which disease the patient is suffering. There is a further difficulty when the patient, as sometimes happens, is suffering from both diseases.

In the case of bone disease, when any doubt exists, it would be wise for the patient to be examined and tested, so as, if possible, to exclude Congenital Syphilis.

The discovery of one of these cases, in the early part of 1926, has led to a very much closer co-operation between the Tuberculosis and the V.D. Departments, and it can be taken for granted, that in future no doubtful case will be sent away to an institution until every effort has been made to exclude Syphilis.

This report has purposely been written in simple language ; it may be read by parents who have " a secret." Some of them may have children who are *possibly affected*. If these parents would bury the past (and many have done so) and bring their children to the local Clinic for examination, they may be assured that their confidence will be treated with the greatest respect. If there is nothing wrong, no harm will have been done ; if on the other hand there is some " taint," the children can be treated and perhaps be saved from suffering and crippling in after life.

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## APPENDIX VIII

### The School Medical Service of Plymouth

BY

A. T. NANKIVELL, M.D., M.R.C.P., D.P.H.

AND

J. W. E. COLE, M.A., M.B., D.P.H.

No. of Elementary Schools in Plymouth	..	..	52
No. of Children on Register	..	..	29,574
Average Attendance	..	..	26,606

### STAFF OF SCHOOL MEDICAL SERVICE.

The only change to record is that Miss Martin, an Orthopædic Assistant, resigned on the 6th August, 1926. Miss Banks was appointed and started duty on 30th August, 1926.

Mr. H. T. Trend, teacher in charge of the Classes for Stammering, resigned on the 30th July, 1926. The new teacher, Miss Trelawny-Ross, is to commence duty in the New Year.

### CO-ORDINATION.

*Child Welfare Department.* All cards are forwarded to the School Medical Office and from thence those recording facts of medical interest are passed on to the Infant Schools for the information of the inspecting medical officer.

*Venereal Diseases Department.* Children suspected of inherited syphilis are, with the parent's approval, sent to the Venereal Diseases Clinic at specially approved hours for Wassermann tests. In addition the Venereal Diseases Officer visits the schools and

selects children for testing. The results are subsequently forwarded to the School Medical Officer.

During 1926, 162 children were referred to the Children's Clinic of the Venereal Diseases Department. Three did not attend. The Wassermann test was positive in 33 cases. The Venereal Diseases Officer advised treatment in all of these 33, also in 14 in which no Wassermann test was taken, and in 36 who gave negative results.

During the past three years the parents of 307 children have been advised to submit their children to Wassermann tests. Twenty-six refused. Of the remainder, 72 gave positive results. Of these 72—34 were at ordinary schools, 22 were at M.D. Special Schools, 14 were at Open-Air Schools, 1 was at the Deaf School, 1 was not at school. Therefore, by the prevention and treatment of syphilis in prospective parents one source of mental and physical defect in the succeeding generation will proportionately diminish.

### SCHOOL HYGIENE.

St. George's Schools have been entirely remodelled. The new school is bright, airy, and comfortably heated. It is, however, a pity that electric lighting has not been installed.

Some fire-grates have been replaced by up-to-date gas fires at High Street and Victoria Road, and electric light has been installed at Montpelier and College Road. Various minor repairs have been carried out.

Certain private schools in the Borough were inspected as to their general sanitary condition. This was found to be satisfactory in each instance.

### MEDICAL INSPECTION.

The age groups according to the latest requirements and schedules of the Board of Education have been inspected (*vide* Table 22). The arrangements for carrying out the inspections have not been changed.



The steps for the ascertainment of crippling defects remain as detailed in previous reports. It is practically impossible for a child with any form of crippling defect to go undetected or without opportunity of treatment.

## FINDINGS OF MEDICAL INSPECTION

(Table 23).

*Uncleanliness.* The proportion of children found unclean remains much the same. I have, however, reason to believe that the degree of uncleanliness has greatly changed. The really verminous head is rare, and those now labelled "unclean," would formerly have passed muster. Parents are almost always ready to accept the nurses' warnings. Only 763 children had to be cleansed at the Clinic in place of 1,489 last year, and only 286 home visits were required as against 487.

*Skin Disease.* Ringworm of the head continues to diminish, but the increase of Scabies noted last year continues, and once more I draw the attention of the Authority to the need for providing proper facilities to deal with this eminently treatable disease.

*Malnutrition.* The number under this vague heading is 25 per cent. less. No definite instance of malnutrition due to absolute lack of food was discovered.

## INFECTIOUS DISEASES.

There has been an increase in the number of cases of Diphtheria. All children who had been absent from the infected schools for however short an illness, as well as all the ordinary contact cases, have been bacteriologically examined and placed under treatment when necessary. In addition one of the Medical Staff has visited the schools and taken many swabs from suspicious throats.

## FOLLOWING UP.

The arrangements for following-up of all children requiring

treatment, as discovered at the routine school inspection and at the special inspections at the Clinics remain as detailed in previous reports.

The following is a statistical summary of work done by the School Nurses :—

No. of children's heads inspected at special Nurses'	
Inspections .. .. .	61,919
Visits to homes in connection with above .. ..	286
Visits to homes in connection with Medical Inspection	8,710
Visits to Schools with School Medical Officers and	
Dentists .. .. .	752
Attendance at Clinics with School Medical Officer and	
Dentists, and alone for treatment sessions ..	2,493

### SUMMARY OF METHODS OF TREATMENT AVAILABLE.

The arrangements for the treatment of Minor Ailments (Table 26, Group 1) ; Tonsils and Adenoids (Table 26, Group 3) ; Ringworm (Table 26, Group 1) ; Defective Vision and Eye Diseases (Table 26, Group 2) ; Dental Defects (Table 26, Group 4) ; and Cripples, are unchanged.

The total number of attendances at the Minor Ailment Clinic was 48,617.

There was an increase of about 33 per cent. in the number of Tonsil operations. This is partly accounted for by the number of waiting cases to be dealt with owing to the Homœopathic Hospital having been closed for a period last year.

The number of children submitted to refraction by the Eye Specialist was about the same as last year, and will probably remain at this level. The total number of attendances made by children at the Eye Clinic was 7,846.

For years past the Board of Education has pointed out the value of the annual dental inspection and dental treatment of every child. When effective arrangements to this end are made, perfect dentures will be secured to each child who reaches the age of 14—a definite step towards physical well-being. I urge the

appointment of at least one other School Dentist and the establishment of a third Dental Clinic.

Opportunity will be given to children joining Secondary and other schools to obtain dental treatment during the summer holiday previous to their transfer. Apart from this, only urgent dental cases from the Secondary Schools can be dealt with.

When annual dental inspection and treatment is available for all elementary school children, there will be no need for special extractions and fillings preparatory to joining a Secondary School.

As previously pointed out, there are no arrangements, apart from the Minor Treatment Clinics, for dealing with Ear Disease and defective hearing.

The arrangements for ascertaining and dealing with Cripples are unchanged. The following summarizes the work at the two Orthopædic Clinics of the Authority :—

Seen by Medical Officer—

New Cases	..	..	..	78
Revision Cases	..	..	..	295

Three hundred of the above were seen in consultation with the Orthopædic Specialist.

One hundred and seventy-seven children attended regularly for massage and exercise. Of these, 52 were admitted during the year, 46 were discharged during the year, and 79 remained under treatment at the end of the year.

Total number of treatments given, i.e. $\frac{1}{2}$ hours of				
massage and exercises	..	..	..	6,159
No. of corrective and other plasters made	..	..	..	114
No. of new surgical boots supplied	..	..	..	145
No. of repairs to surgical boots and "irons" done				
by tradesmen	..	..	..	576
No. of repairs done by splint assistant	..	..	..	136
No. of certamid splints made	..	..	..	7

### OPEN-AIR SCHOOLS.

The improvements and alterations required at Efford have been started.



At Mount Tamar the boys' cloakroom has been partially improved, and the path leading to it is now satisfactory. The other paths and the playing space are still a mire in wet weather.

All children sent to the Open-Air Schools must be certified physical defectives.

The numbers for the year are : *Mount Tamar*, Average No. on Roll, 144.6 ; Average Attendance, 120.8 ; Average % Attendance, 83. *Efford*, Average No. on Roll, 149 ; Average Attendance, 121.5 ; Average % Attendance, 81.

The low average attendance is due to the fact that many of the children are semi-invalids, and are often absent for medical reasons, and, secondly, to "missing the bus."

There is nothing to add to previous reports as regards Provision of Meals and School Baths.

The cheerful co-operation of the vast majority of parents and teachers continues to add pleasure to the work of the Medical Service.

Co-operation with the Attendance Department runs smoothly on the established lines described in previous reports.

### MENTAL DEFECT.

During the year 96 children reported from various sources as mentally unsuitable for ordinary schools were examined by the Authority's Certifying Officers. Of these children, 57 were certified for the Special School ; 5 were certified as imbecile and later reported to the Local Control Authority ; 26 were recommended for special classes for dull and backward ; 8 were sent to the Open-Air School.

The present position is that given a child who is dull and backward, unless it can be certified as mentally defective, there is no provision enabling it to obtain instruction in a form adapted to its needs. Classes for the backward would mean little, if any, extra expenditure, would not involve the stigma of "certification," would remove a drag from the teaching of the normal, and facilitate the selection of the really defective.

In addition to the numbers of mental defectives mentioned in Table 25, there are in the Borough 27 children certified as mentally defective and attending private schools. These children are examined annually, as are those at the Special Schools.

The number of certified mental defectives has dropped from 12.1 per 1,000 in 1920 to 10.6 per 1,000 in 1926. This latter figure is still, however, considerably above the average for the County Boroughs of England and Wales.

### CO-OPERATION WITH VOLUNTARY ASSOCIATION.

There is close co-operation between the Education Authority and the Plymouth Voluntary Association for Mental Welfare, and all children who leave the Special Schools for Mental Defectives who are not reported to the Local Control Authority are reported to the Association which undertakes the after-care of such cases. Many of these ex-Special School pupils register for employment at the Authority's Juvenile Employment Bureaux and the particulars of after-careers supplied by the Association enable the Authority to keep their Bureaux records up-to-date. In addition, the Association from time to time supplies the Authority with confidential reports on the home conditions of children of school age, which are helpful when the disposal of such cases is being considered. A brief summary of the work done by the Association has been kindly supplied by the Secretary, Miss G. Llyn-Jones, and is shown in Table 21.

### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

No. of permits issued during the year .. .. .	140	
No. of permits surrendered during the year .. .. .	142	
	<i>Boys.</i>	<i>Girls.</i>
No. employed on the 31st December, 1926 ..	103	7
Nature of work in which engaged :		
Delivering newspapers .. .. .	45	6
„ milk .. .. .	9	—
„ bread .. .. .	3	—
Errands .. .. .	46	
Assisting in shop .. .. .	—	1
	—	—
	103	7
	—	—

## STREET TRADING.

No. of licences to engage in street trading issued in the year 1926 .. .. .		<i>Boys.</i>
		36
No. on register week ended 31st December, 1926, who were engaged as follows :		25
Hawking newspapers .. .. .	11	
Vegetables and fruit .. .. .	14	
	—	25

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## APPENDIX IX

### **The Health of The Port of Plymouth.**

By ARTHUR MASSEY, M.D., D.P.H., Port Medical Officer.

The renown of Plymouth is based on a unique record of seafaring ; that the port is of first importance to Plymouth then, it would seem unnecessary to urge. In matters of Public Health, too, port work is of similar moment. Travel is ever a potential propagator of disease ; a perusal of the history of medicine bears graphic witness to the fact. The Black Death which so ruthlessly traversed the trade-routes of the world in the Middle Ages and the Cholera epidemics of 1817, 1826 and 1891 might well be instanced. Cholera was notably prevalent in England in 1831-3, 1848-9, 1853-6, and in 1871. The Port Health Authority is primarily a line of defence against those diseases from abroad which on occasion threaten our shores. The modern efficacy of this defence, is made evident by the comparative immunity enjoyed to-day, in respect of certain diseases from overseas, which at one time took enormous toll of life and health in this country. In the latter connection, it is noteworthy that in Plymouth in 1832 there were 1,894 cases of Cholera, with 779 deaths, out of a population of some 30,000 ; again in 1849, 3,360 cases of this disease occurred, with 1,900 deaths, the population then being 48,000.

A new problem concerning travel and disease will arise out of generalised air navigation ; the question of propagation of disease by this means is worthy of thought. The quickening of communications is equivalent to the lessening of distance—infected areas abroad are, as it were, approximated to us. Travellers by air will complete long journeys, within the incubation limits of infectious diseases which usually manifest themselves during the more protracted sea voyage.

“ The vigilance practised by sanitary authorities at our  
“ seaports will require to be exercised in even greater degree  
“ at the airports of the future,”<sup>1</sup>  
of which Plymouth, as the gateway of the South-west, may well be one. Medical and mechanical ingenuity must keep abreast in the race of progress.

<sup>1</sup> Massey, A., “ *Lancet* ” 9th February, 1924.

Port health work is thus likely to increase in scope and importance as modes of transit become speedier and facilities for travel multiply ; the Port Sanitary Authority of the future may find its sphere extended to include both seaport and airport in its embrace.

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Plymouth is a magnificent natural port ; the Breakwater encloses an area of some five square miles and affords safe anchorage to ships of the largest burthen. It is not surprising therefore that traffic here shows progressive increase. Health work at the port is augmented proportionately, and one becomes increasingly grateful for the able assistance accorded by the Deputy Port Medical Officers, Dr. E. J. Hynes and Dr. G. D. Kettlewell.

The West Indian service of the Hamburg American Line is new to Plymouth this year. The Cunard Company has during the year increased its service to Plymouth by the addition of the *Carmania*, *Caronia* and *Lancastria*. The *Accra*, a new motor liner of the Elder Dempster Company, called in October on her maiden voyage from West Africa ; she is now an additional regular caller here. Next year the *Ile de France*, a mammoth French liner of some 45,000 tons, now nearing completion, will make Plymouth a regular port of call. This vessel, together with the *Paris* and *France* (already regular callers here), will inaugurate a weekly service of the French Line between New York and Plymouth. In December of 1926, a passenger service between the Channel Islands and Plymouth was instituted, entailing an additional source of alien traffic.

## CONTROL OF INFECTIOUS DISEASE.

The administrative machinery and inter-departmental co-operation, which ensure control of infection arriving here in shipping, have been dealt with in previous reports ; smooth working has been the rule throughout the year. The convenience of timely wireless information from Plymouth-bound vessels with major infection on board, cannot be exaggerated. Much care has been directed towards the exclusion of smallpox, which of late has assumed the rôle of our most dangerous enemy.

At a conference this year at the Office International d'Hygiene Publique in Paris, the International Sanitary Convention was duly revised. In dealing with the major infectious diseases on ship-board, the tendency, in the light of modern experience is towards minimum restriction of shipping movements, as is compatible with effective control. The wisdom of enforcing long periods of quarantine is deprecated. This tendency is not calculated to assail the efficacy of sanitary measures.

International uniformity—as far as local conditions permit—in port health work, is an ultimate aim.

## CHOLERA, YELLOW FEVER AND PLAGUE REGULATIONS.

### *i. Cholera.*

Epidemic Cholera for the last twenty-five years has been practically limited to the East. It is hoped that this is due to the sanitary measures so widely adopted to combat this disease ; at the same time, however, it is to be borne in mind that history shows us how Cholera in the past has often undergone such long periods of stabilisation, only to become pandemic again later. Preventive measures in this country cannot therefore be relaxed.

The chief ports of the world reported as infected with Cholera during the year are shown in the accompanying table.

No case of the disease occurred within the area of the Plymouth Authority during 1926 or on board any vessel entering our port.

### *ii. Yellow Fever.*

“ Suspected Vessel ” :—On 5.7.26, the Dutch steamship *Van Rensselaer* arrived from Cristobal, Port Limon, Curaçoa, La Guira and Barbadoes, bound for Amsterdam. On boarding the vessel the ship's surgeon reported a death from suspected Yellow Fever during the voyage. The vessel was treated as a suspected ship and a full investigation made. The patient had embarked at Cristobal on 13.6.26, developed symptoms suggesting Yellow Fever and died on board 18.6.26. An analysis of the symptoms and signs as recorded by the ship's doctor justified the suspicion of Yellow Fever. The body was buried at sea 19.6.26 and the vessel subsequently fumigated on that date by the Health Authorities



at La Guira. On arrival at Plymouth there was one case of sickness on board—one of Enteric ; this case was examined and the diagnosis confirmed ; the case proceeded to Amsterdam. All other passengers and crew on the vessel were examined and found in good health and the ship was allowed to proceed.

“ Suspected Ship ” :—On 30.12.26, s.s. *Elmina* from Duala, on arrival here, reported a death on 12th December from Yellow Fever during the homeward voyage, the body having been landed for burial at Accra on the latter date. On arrival at Plymouth the full 18 days had elapsed since the death, and no further case of sickness was reported on the vessel. Full precautions were taken prior to the ship's departure for Liverpool.

### iii. *Plague.*

The dangers of this disease were brought home to us, by its occurrence during the year at an English port. Cases were reported in Paris.

The chief ports infected with Plague during 1926 are shown on the given table.

No case of the disease occurred during the year within the area of the Plymouth Authority.

## SMALLPOX.

Plymouth traffics largely with those parts of the world (notably the East) from which Smallpox is liable to be brought by shipping. It is imperative, therefore, that suitable Smallpox accommodation be available ; the Hospital Ship *Flamingo* is quite unfitted to fulfil that function ; a Smallpox hospital ashore has long been an urgent requirement, and happily it can be reported that such accommodation is now available, consequent upon an agreement completed in December this year with the Plympton Rural Authority allowing access of our cases to the Plympton Smallpox Hospital.

One case of smallpox was landed at Plymouth from shipboard during the year. The patient was a member of the crew of the s.s. *Bromsgrove*, which arrived from Methil on the 24th March, 1926, to discharge coal in the Naval Dockyard. The case—one of a mild nature—was removed to the Hospital Ship *Flamingo*. He was

discharged cured on the 15th April, 1926. Every precaution was taken to prevent spread and no further case followed.

Four other cases of Smallpox were reported during the year on Plymouth-bound vessels, viz. :—

10.2.26. *Macedonia* from Yokohama. Two cases. One landed at Kobe, 31.12.25 ; one landed at Colombo, 20.1.26 ; usual precautions taken on ship's arrival at Plymouth.

22.4.26. *City of Hong-Kong* from Karachi. One case. Landed at Suez, 7.4.26. Precautionary steps taken here.

12.5.26. *Ranpura* from Bombay. One case. Member of crew. Owing to local circumstances at the time, case proceeded in ship to London. All possible preventive measures practised.

There were no further cases arising out of the above.

## RAT DESTRUCTION AND PRECAUTIONS AGAINST PLAGUE.

When it is borne in mind that imported rats are potential plague carriers and that the damage wrought by rats in Plymouth has been estimated at some £300,000 annually, the wisdom of expenditure on schemes of rat extermination is apparent.

During the period under survey, 3,569 bodies of rats killed by traps, cats and dogs were obtained ; of these 2,085 were examined macroscopically by the Port Medical Officer, and 131 were submitted to Dr. Eric Wordley (the Borough Pathologist) for bacteriological examination in respect of plague ; in no case was evidence of the latter disease found. The dead rats are brought to the office daily for examination and for selection of specimens to be submitted for microscopic report. In addition 23,761 poison baits were laid in likely places about the docks ; of these, 5,435 were eaten or disappeared, so that a considerable death-roll presumably resulted.

During the year occasional albino forms of *Rattus Norvegicus* were captured ; specimens were forwarded to the National Museum of Wales and opinion as to species thereby confirmed.

The usual requirements as to proper mooring and rat-proofing of vessels and the provision of effective rat-guards on moorings have been rigidly enforced. The fact that the larger vessels,

notably those from the East, are not brought alongside the quays at Plymouth, is of itself some safeguard against disease importation by rats.

The fabric of dock-sheds is an important factor in rat harbourage. Happily several sheds have recently had wooden floors and walls replaced by concrete ; there yet remain, however, certain old sheds whose construction favours rodent traffic ; it is hoped in this connection that further improvements will be effected ere long.

A fundamental measure in our combat with rat infestation comes within the sphere of naval architecture, and much could be done by constructing modern ships so that rodent amenities are reduced to a very minimum. Much expenditure on fumigation work might thus be saved.

The various shipping companies at Plymouth have, during the year, proved eager to accede to the requests of the Port Sanitary Authority in matters of deratization ; there has been no necessity for any statutory notice under the Rats and Mice (Destruction) Act.

## VENEREAL DISEASES.

Gratuitous treatment of merchant seamen of all nationalities is provided at the V.D. Centre at the South Devon and East Cornwall Hospital, Plymouth. Leaflets setting forth these facilities are given as necessary to crews of vessels entering the port. During the year suitable notices advertising particulars of the Plymouth clinics have been affixed in the G.W.R. Company's tenders at the docks.

It is clear that the maritime aspect of Venereal Disease is essentially international in character. An agreement, drafted originally in Paris in 1921 and providing for international facilities in respect of prevention and treatment of Venereal Disease, was signed in April this year by several States as an International Convention. The scheme is as yet incomplete, for certain important countries, such as the United States of America, Japan, Germany and Spain, have not yet entered. The movement is still young and it is probable that complete international uniformity in the matter of preventive and therapeutic measures will soon obtain.



The following shows the number of cases of Venereal Disease seen on mailboats arriving at Plymouth during the year:— Syphilis, six cases among members of the crew ; Gonorrhœa, four passengers and sixteen crew ; Soft Sore, one passenger and one member of the crew.

### ANTHRAX.

During the year, some import and export trade in hides, skins and wool has been carried on. The necessary preventive measures in respect of Anthrax have been inaugurated accordingly.

### GULLS AND WATER POLLUTION.

Probably all gulls (except perhaps the Kittiwake) in the British Isles, are accustomed to resort alternately to salt and fresh waters according to considerations of food supply, rest or safety. During the year it was essayed to ascertain if gulls, after feeding in sewage effluents in the Sound, resort to the fresh water reservoirs, —perhaps thereby causing contamination of the latter. After much patient effort, a fair number of gulls were sprayed with special methylene-blue solution and thus for a time rendered identifiable. Watch was kept at the reservoirs for some time subsequently. No blue gulls were afterwards seen around reservoirs or docks—a fact which has not been satisfactorily explained.

Although no proof is forthcoming, it is probable that gulls are not liable seriously to pollute fresh water ; on the other hand the value of these birds as scavengers is very great. Gulls should be carefully conserved.

### OYSTER FISHERIES.

The oyster layings in the Port Sanitary Area (Tamar, Lynher and Yealm) have been systematically supervised during the year and samples examined bacteriologically. Oysters from the first two sources are usually contaminated by Saltash sewage ; steps are therefore taken to ensure that they are used only for purposes of relaying (in the Yealm, Helford River and Port Navis Creek).

The Yealm oyster beds cover some 70,000 square yards and are removed from all sources of contamination—the numerous houseboats at the river mouth being amply distal. Oysters for relaying in the Yealm are brought chiefly from the Tamar and Lynher Rivers and from Falmouth. Probably relaying for 3–4 weeks in the Yealm suffices to cleanse oysters relayed from contaminated beds ; in practice, however, such oysters are kept there at least six months prior to sale. Samples of the Yealm oysters have been examined periodically and satisfactory bacteriological reports obtained. The waters of the Yealm abound in minute vegetable life which is so essential as food for oysters. There has been no abnormal mortality of the latter during the year ; 1926 proved a poor year for spat.

### WATER ANALYSIS.

Ships obtain their fresh water from the Borough supply, either direct from the mains or through the medium of the water-boats *John Wesley* and *Rescue*. The latter were periodically inspected during the year ; their tanks and pumping gear were steam-cleansed as found necessary by this Department.

Samples of water from the various bathing pools have been regularly investigated. In practically all cases the bacillus coli was demonstrated in 1 c.c. and in most cases in 1.10th c.c. (see table). Coliform organisms rapidly die in sea-water, but constant reinfection counteracts nature's effort. Some system of disinfection of bathing pools by chlorination might be considered.

### MEDICAL WORK UNDER THE ALIENS ORDER, 1920.

The essential object of this work is to prevent or control the access to our midst of aliens whose state of health is such as (i) to constitute a possible danger to our public health, or (ii) to render them liable to become a public charge, by reason of inability to support themselves and dependents, consequent upon infirmity. The matter then presents a dual aspect—hygienic and economic.

Nineteen twenty-six proved a heavy year in respect of alien traffic, but the work has proceeded smoothly throughout.

(For statistics, see table).

## **FOODSTUFFS.**

In regard to the department of food inspection, the work of your Inspector (Mr. R. W. Weale) demands special mention ; thanks largely to his tactful relations with owners and officials concerned, it is again to be recorded that during 1926 no legal action was necessary in dealing with unsound foods. During the year 528 vessels were dealt with under the Public Health (Imported Food) Regulations, 1925, including 17 carrying grain.

Systematic inspection of imported foodstuffs resulted in the condemnation of some 259 tons ; these included flour, grain, canned goods, fats, fish, fruit and vegetables. Goods condemned were, where possible, disposed of to the best advantage, viz., fats for the manufacture of soap or candles ; flour, grain, potatoes and the like, for pig or poultry food. Small quantities of the remainder were jettisoned, but the bulk was removed to the refuse destructor and destroyed.

Owing to seasonable weather, a plentiful supply of strawberries, green peas and new potatoes was imported from Northern France during the year—some 750 tons more than in 1925. During the latter part of 1926, the export of vegetables from France was prohibited by the French Government owing to an internal demand exceeding the supply.

Food stores and sheds have been maintained generally in a clean condition during the year.

## **PUBLIC HEALTH (IMPORTED MILK) REGULATIONS, 1926.**

These regulations are in force as from 1st January, 1927. The Port Sanitary Authority is required to keep a register of all persons receiving imported milk. The powers conferred are similar to those under Section 2 of the Milk and Dairies (Amendment) Act, 1922. Imported Milk must be free from tubercle bacilli and the bacterial content must not exceed 100,000 per c.c.

## **PUBLIC HEALTH (PRESERVATIVES IN FOOD) REGULATIONS, 1925.**

Were originally to operate from 1st January, 1927. Certain preservatives and colouring matters are prohibited ; food containing



them and intended for human consumption shall not be imported into this country. The Public Health (Preservatives in Food) Amendment Regulations of December, 1926, postpone the operation of the 1925 Regulations so far as certain foods are concerned, and make certain minor alterations in the latter Regulations.

### SANITARY INSPECTION.

A ship is a "house" according to the Public Health Acts ; regular inspection is made in respect of "nuisances," which are caused to be abated. During the year there was no necessity for any statutory notices in this connection.

I am indebted to the Port Sanitary Inspector, Mr. Weale, for the substance of the following :—

Arising out of the sanitary inspection of shipping, 161 informal notices were served, requiring owners, masters or agents to remedy 889 defects ; details of the latter will be found in appropriate table.

The sanitary condition of vessels calling here was generally good. The requirements of this Department were as a rule readily complied with. In certain cases—notably coasting vessels—time would not permit of defects being remedied here prior to the vessels' departure ; in such circumstances, permission was usually given for the necessary work to be done during the round voyage or at the port of loading ; a copy of the notice served was then forwarded to the Sanitary Authority of that port for necessary action by them.

In many of the smaller vessels calling at Plymouth, the crews provide and cook their own food. In these cases, the food is often insufficient and very indifferently cooked ; kitchens, food lockers and quarters are generally found dirty. A notable difference is observed on small vessels which carry a proper cook.

All vessels arriving here from infected ports to discharge cargoes, were dealt with under the Plague and Cholera Regulations, 1907, the Rats and Mice (Destruction) Act, 1919, and the Port Sanitary Authorities (Infectious Diseases) Regulations, 1920. Daily visits were made to the ships and rat destruction carried out on board by the rat officers.

Two vessels were fumigated for the destruction of vermin (cockroaches and bugs) with satisfactory results. In dealing with bugs, the partitions and skirtings had to be loosened and the vessel fumigated a second time within three weeks.

In the matter of sanitary inspection, in no case during the year has difficulty been experienced with owners, masters or agents.

### MISCELLANEOUS.

Much attention has centred during the year on the matter of dry-docking and overhaul of the Hospital Ship *Flamingo* ; in view of the now limited function of the latter, however, the question is still *sub judice*.

The motor launch *Clytie* continues to do good service ; the 15 h.p. engine installed last year is performing well.

During the year the Port Sanitary Offices have been painted inside and out. The internal decorations were done by the Health Department economically and well.

It is to be hoped that the experienced services of your Inspector, Mr. R. W. Weale, will be further retained for the Department.

In conclusion I have pleasure in expressing appreciation and thanks to the various bodies whose cordial co-operation has tended to lighten the burden of an arduous department. Mention must be made in this connection of the Naval Authorities, H.M. Customs, Immigration Officers, the Superintendent and officials of the G.W. Docks, the agents and staffs of shipping companies and the Consular body.

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## LIST OF CHARTS

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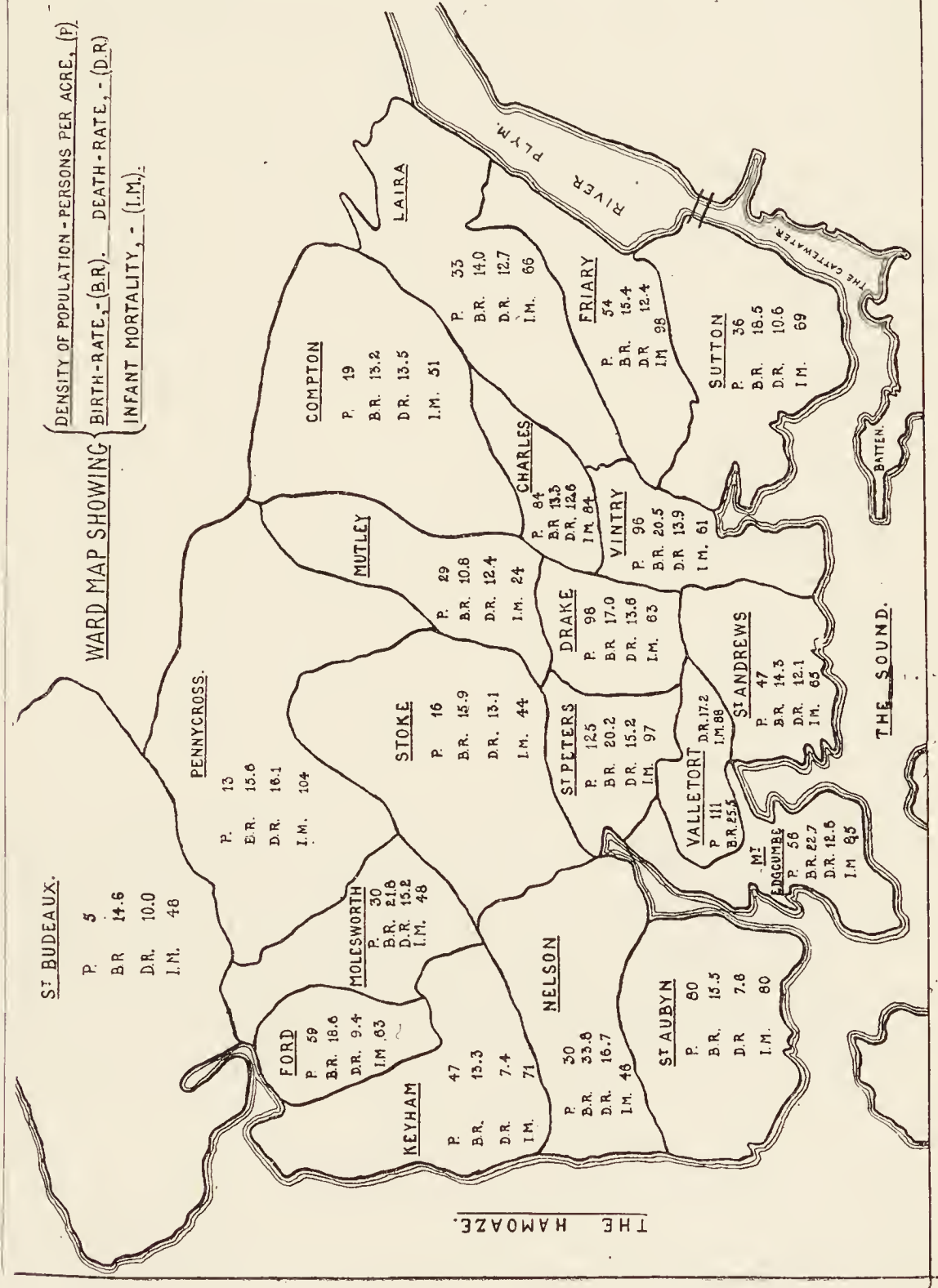
- A. Vital Statistics in Wards.
  - B. Infant Mortality, 1915-1925.
  - C. Birth-rate, Death-rate and rate of natural increase, 1914-1926.
  - D. Deaths from Cancer, 1891-1926—variations from the average incidence.
  - E. Tuberculosis—Weekly numbers in Institutions.
  - F. Deaths from Tuberculosis, 1891-1926—variations from the average incidence.
  - G. Attendances at Tuberculosis Dispensaries, 1920-1926.
  - H. Plan showing main outfall sewers.
-





CHART A.

VITAL STATISTICS IN WARDS FOR 1926.

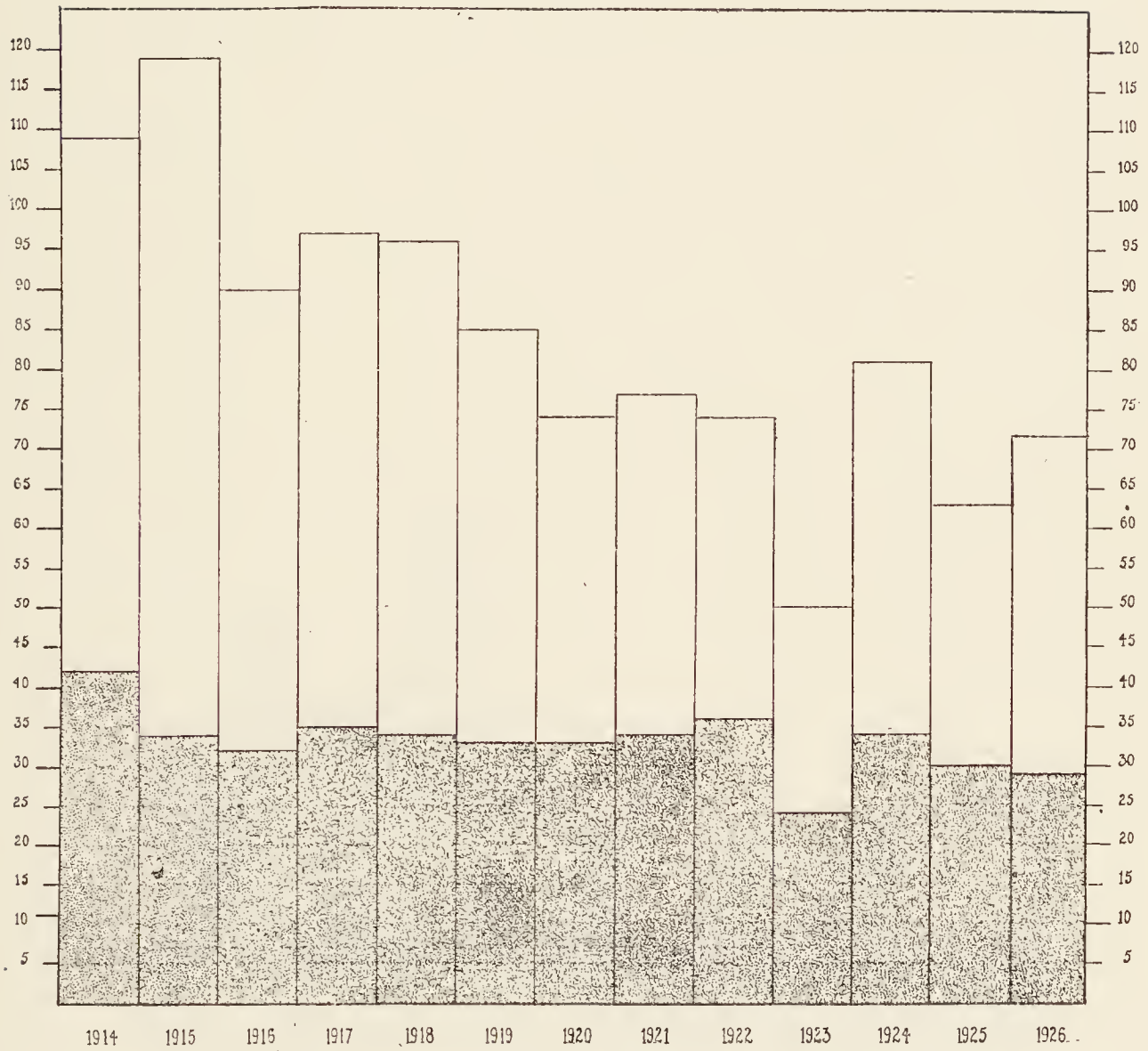






## CHART B.

### INFANT MORTALITY 1914--1926.

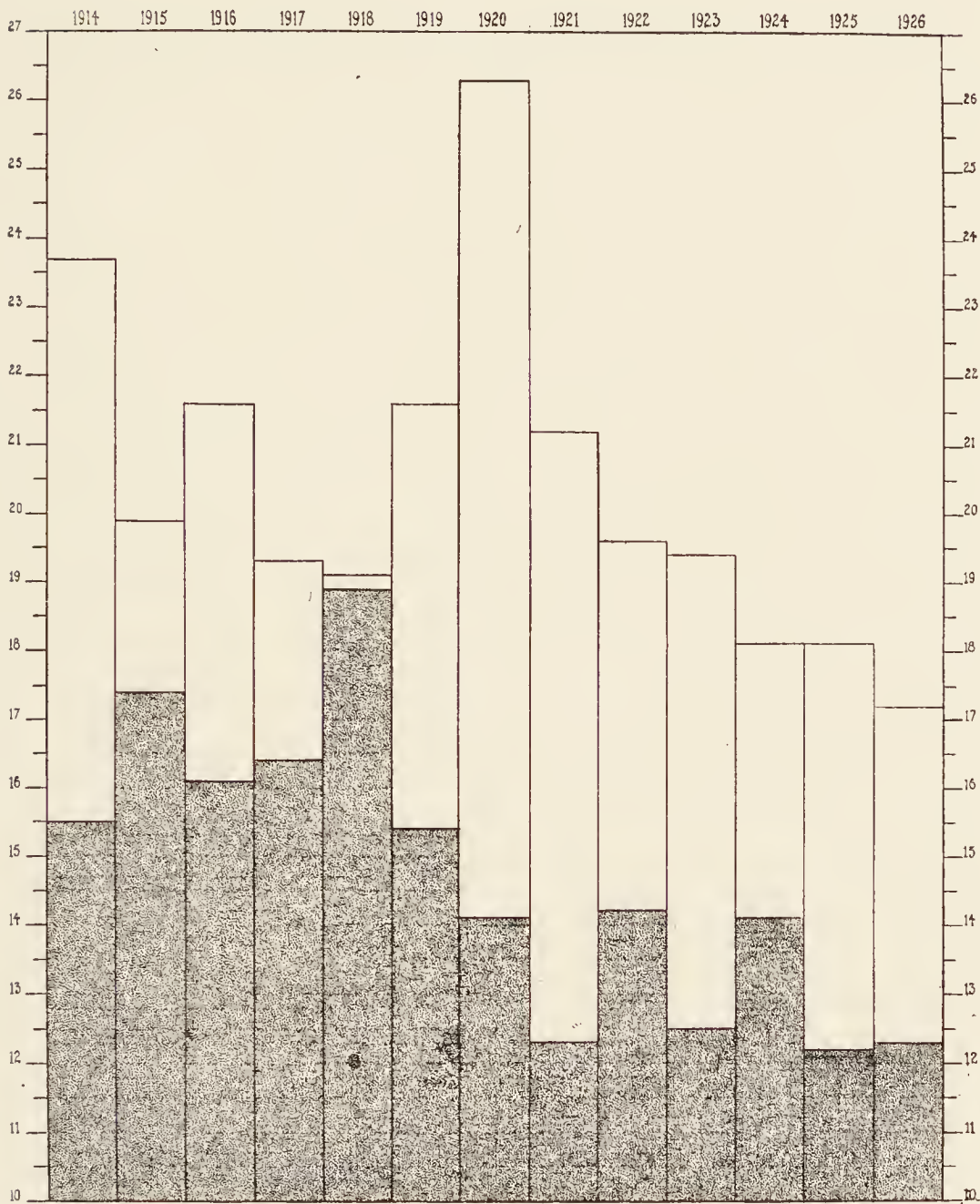


NOTE : The shaded portion shows the number of Deaths due to ante-natal causes per 1,000 births ; and the unshaded portion shows the Deaths due to post-natal influences. The total column shows the rate of infant mortality year by year.



## CHART C.

### BIRTH-RATE, DEATH-RATE AND RATE OF NATURAL INCREASE, 1914—1926.



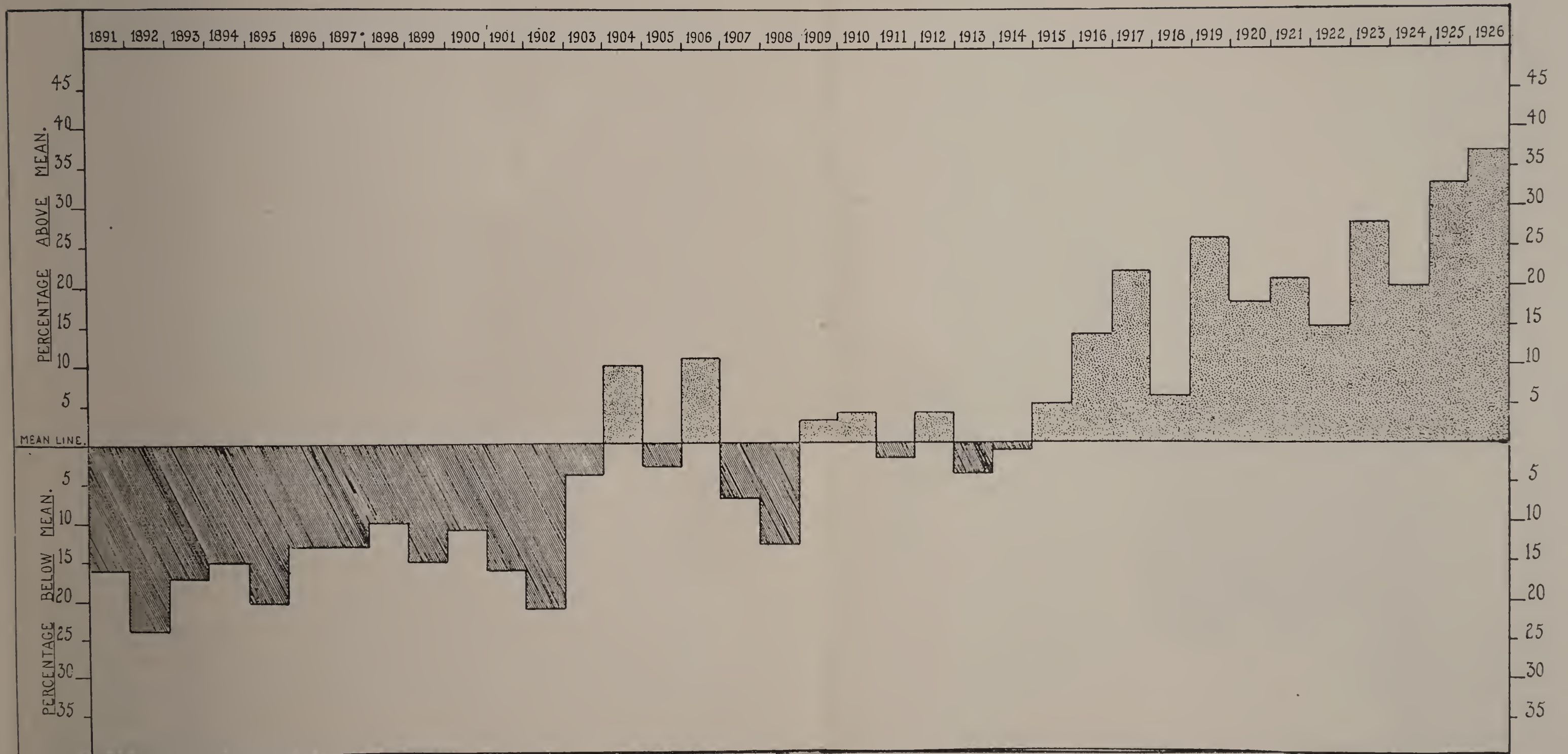
NOTE : The Death-rates are shown by the shaded portion of the chart ; the rate of natural increase by the unshaded columns ; and the Birth-rate by the shaded *plus* the unshaded portions.





# CHART D.

DEATHS FROM CANCER, 1891—1926.



This Chart shows the variations from the average of Cancer Deaths.

The considerable percentage increase during recent years should be noted.

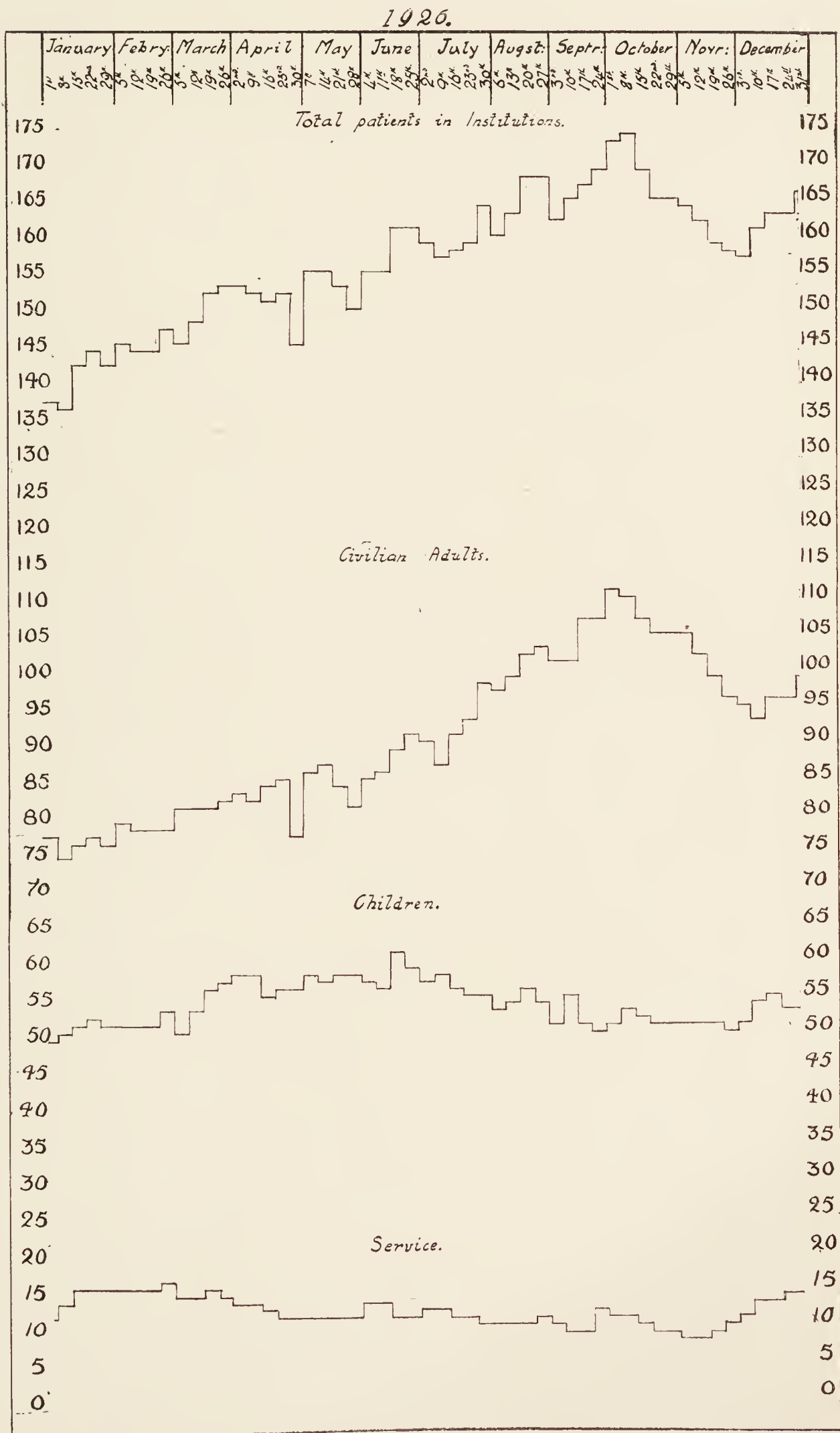




## CHART E.

# TUBERCULOSIS

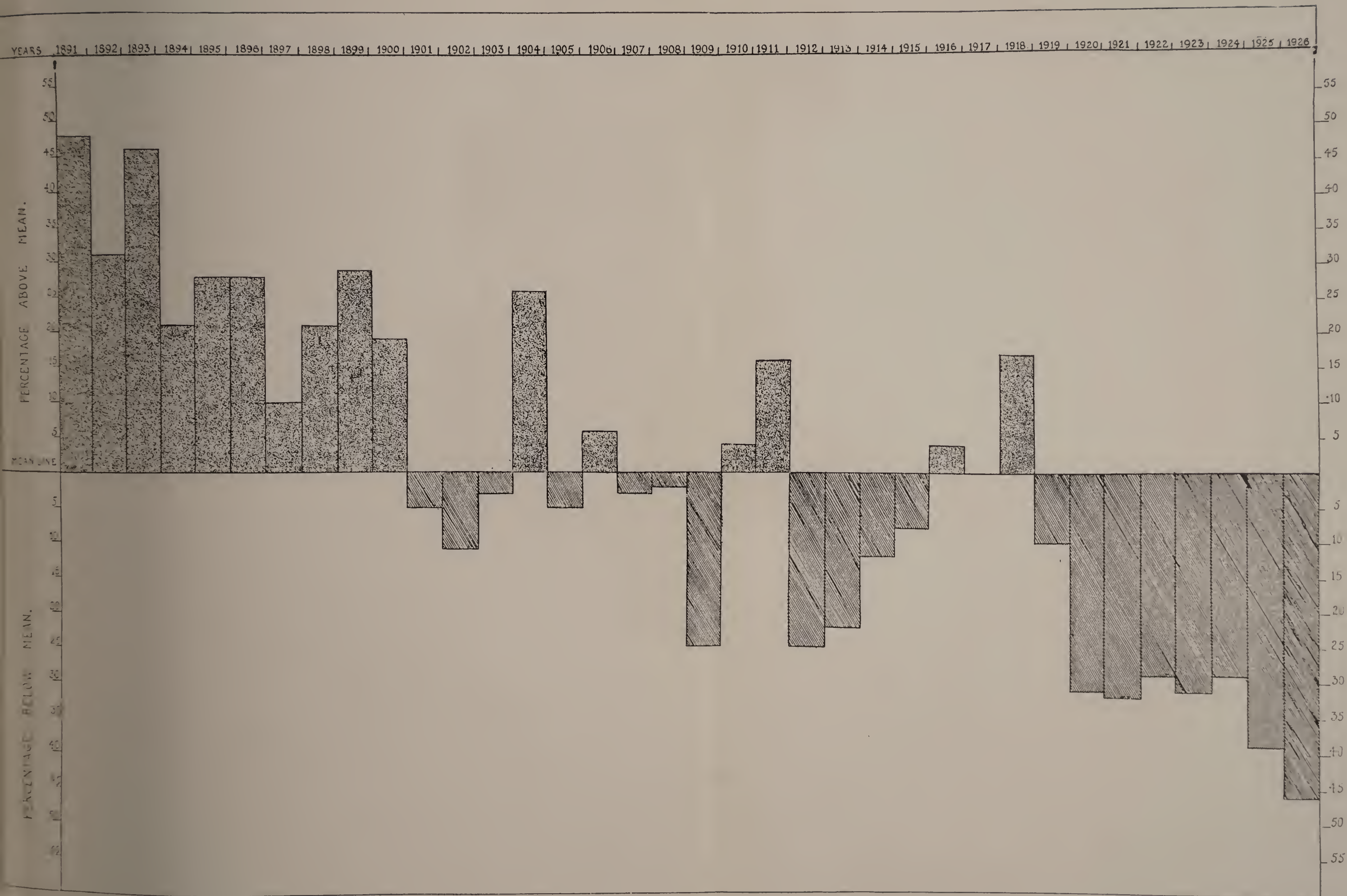
Chart shewing weekly numbers and the classifications of  
Tuberculous persons in Institutions during the year.





# CHART F.

DEATHS FROM TUBERCULOSIS (All Forms) 1891—1926.



NOTE: This Chart shows the percentage variations of Tuberculosis Deaths from the average.

The very marked percentage reduction of Deaths from Tuberculosis during recent years should be noted.

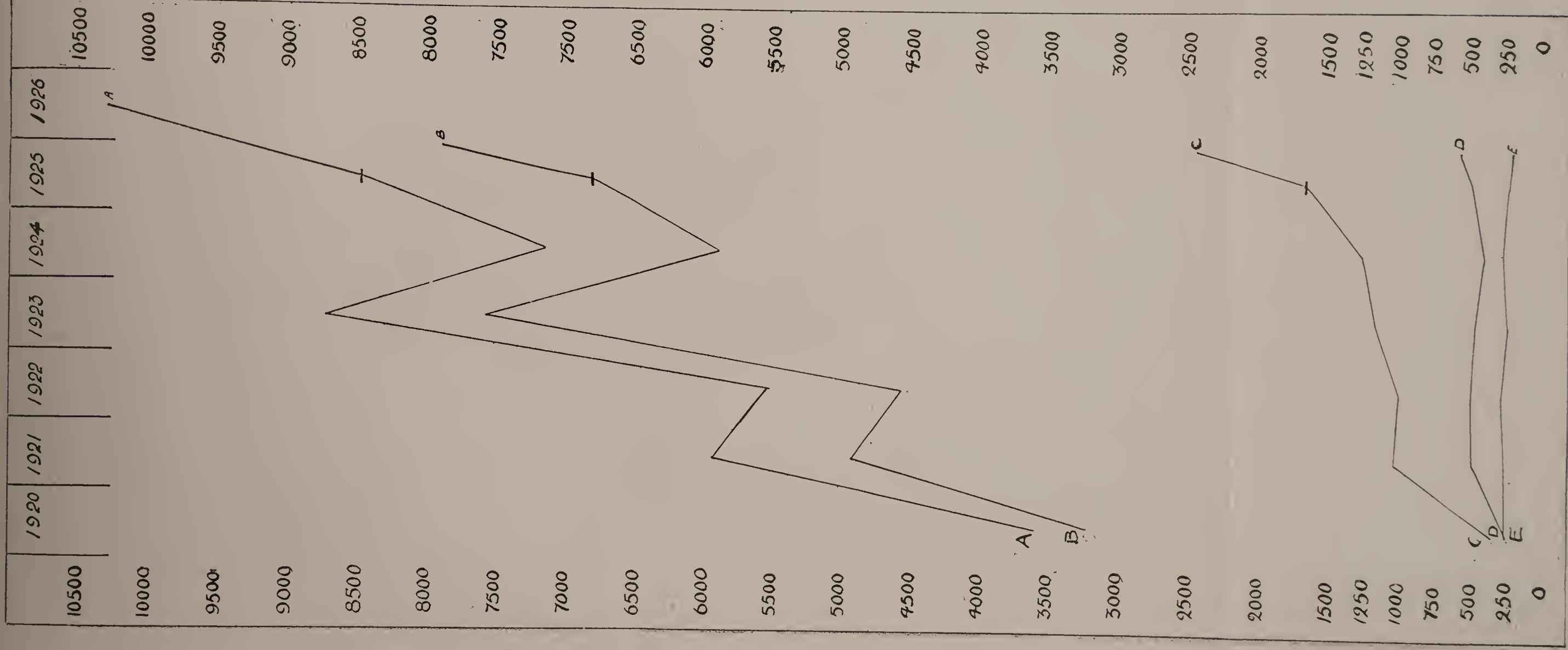




# CHART G.

## TUBERCULOSIS

Chart shewing attendances at Dispensaries, No. of Notifications received and Deaths from Tuberculosis.



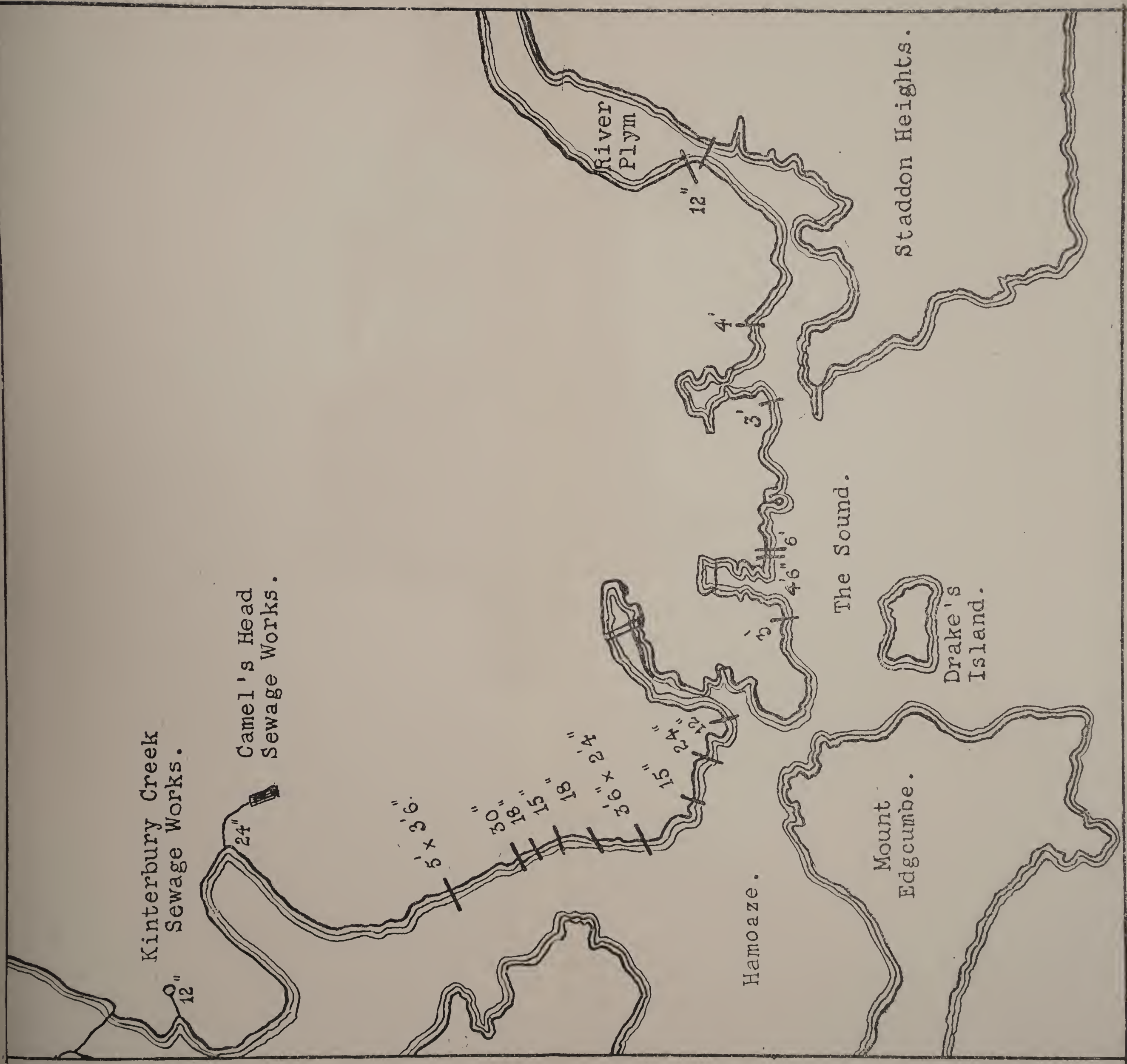
KEY:—

- A—Total Attendances at Dispensaries.
- B—Attendances at Beaumont House Main Dispensary.
- C—Attendances at Royal Albert Hospital Sub-Disp.
- D—No. of Primary Notifications received.
- E—No. of Deaths from Tuberculosis.





PLAN OF PLYMOUTH AND DISTRICT  
OUTFALL SEWERS.





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„	5.	Work done at Maternity and Child Welfare Centres, 1926.
„	6.	Supervision of Midwives.
„	7.	Eye Inflammation in Babies.
„	8.	Congenital Syphilis in Children, 1919–1926.
„	9.	Deaths from Tuberculosis in 1926.
„	10.	Work at Tuberculosis Dispensaries, 1926.
„	11.	Plymouth Institutions for Tuberculosis.
„	12.	Tuberculosis—Results of Treatment, 1926.
„	13.	Sanitary Inspection of Plymouth, 1926.
„	14.	Samples taken under Sale of Food and Drugs Acts.
„	15.	Unsound Meat destroyed during 1926.
„	16.	Unsound Food destroyed during 1926.
„	17.	Inspection of Factories, etc., during 1926.
„	18.	Housing Statistics, 1926.
„	19.	Bacteriological Work done during the year.
„	20.	Climatological Observations, 1926.
„	21.	Work of Voluntary Association for Mental Welfare.
„	22.	Elementary School Inspection in 1926.
„	23.	Elementary Schools—Defects found on Inspection.
„	24.	„ „ —Children requiring treatment.
„	25.	„ „ —Exceptional children.
„	26.	„ „ —Defects treated during year.
„	27.	Secondary Schools Inspection in 1926.
„	28.	„ „ —Defects found on Inspection.
„	29.	„ „ —Pupils requiring treatment.
„	30.	„ „ —Treatment of Defective Vision.
„	31.	„ „ —Treatment of Defects of Nose and Throat.



## List of Tables—*continued*.

Table 32. Other Higher Schools Inspection in 1926.

„	33.	„	„	„	—Defects found on Inspection.
„	34.	„	„	„	—Scholars requiring treatment.
„	35.	„	„	„	—Treatment of Defective Vision.
„	36.	„	„	„	—Treatment of Defects of Nose and Throat.
„	37.	Port of Plymouth—Vessels Inspected.			
„	38.	Shipping entering Port of Plymouth, 1926.			
„	39.	Rats destroyed at Port during 1926.			
„	40.	Insanitary condition of Vessels in Port.			
„	41.	Inspection of Foods at Port in 1926.			
„	42.	Foods condemned at the Port in 1926.			
„	43.	Examination of Shell-fish and sea water.			
„	44.	Medical Inspection of Aliens.			
„	45.	Chief Ports with which Plymouth has Trade.			
„	46.	Infected Ports and their time-relation to Plymouth.			

TABLE 1.

## PLYMOUTH VITAL STATISTICS, 1914—1926.

<i>Year.</i>	<i>Estimated Mid-year population.</i>	<i>Birth-rate per 1,000 population.</i>	<i>Death-rate per 1,000 population.</i>	<i>Infant Mortality per 1,000 Births.</i>
1914 ..	212,421	23.7	15.5	109
1915 ..	187,911	19.9	17.4	119
1916 ..	184,473	21.6	16.1	90
1917 ..	179,375	19.3	16.4	96
1918 ..	179,629	19.1	18.9	96
1919 ..	181,967	21.6	15.4	85
1920 ..	189,218	26.3	14.1	74
1921 ..	199,860	21.2	12.3	77
1922 ..	200,370	19.6	14.2	74
1923 ..	211,500	19.4	12.5	50
1924 ..	206,600	18.1	14.1	81
1925 ..	211,078	18.1	12.1	63
1926 ...	211,350	17.2	12.3	71
105 Great Towns during 1926 ..		18.2	11.6	73
158 Small Towns during 1926 ..		17.6	10.6	67
England and Wales during 1926 ..		17.8	11.6	70

The Civilian population of the Borough of Plymouth, as estimated by the Registrar General to the middle of 1926, is given as 187,300.

PLYMOUTH VITAL STATISTICS, 1914-1924

Year	Marriages	Births	Deaths	Population
1914	121	1,077	1,022	10,747
1915	114	1,071	1,014	10,747
1916	107	1,001	998	10,747
1917	99	988	981	10,747
1918	90	977	974	10,747
1919	88	977	974	10,747
1920	74	944	932	10,747
1921	77	922	912	10,747
1922	74	912	901	10,747
1923	66	892	884	10,747
1924	61	881	874	10,747
1925	59	874	861	10,747
1926	55	874	861	10,747
1927	52	861	854	10,747
1928	50	854	847	10,747
1929	48	847	840	10,747
1930	46	840	833	10,747
1931	44	833	826	10,747
1932	42	826	819	10,747
1933	40	819	812	10,747
1934	38	812	805	10,747
1935	36	805	798	10,747
1936	34	798	791	10,747
1937	32	791	784	10,747
1938	30	784	777	10,747
1939	28	777	770	10,747
1940	26	770	763	10,747
1941	24	763	756	10,747
1942	22	756	749	10,747
1943	20	749	742	10,747
1944	18	742	735	10,747
1945	16	735	728	10,747
1946	14	728	721	10,747
1947	12	721	714	10,747
1948	10	714	707	10,747
1949	8	707	700	10,747
1950	6	700	693	10,747
1951	4	693	686	10,747
1952	2	686	679	10,747
1953	0	679	672	10,747
1954	0	672	665	10,747
1955	0	665	658	10,747
1956	0	658	651	10,747
1957	0	651	644	10,747
1958	0	644	637	10,747
1959	0	637	630	10,747
1960	0	630	623	10,747
1961	0	623	616	10,747
1962	0	616	609	10,747
1963	0	609	602	10,747
1964	0	602	595	10,747
1965	0	595	588	10,747
1966	0	588	581	10,747
1967	0	581	574	10,747
1968	0	574	567	10,747
1969	0	567	560	10,747
1970	0	560	553	10,747
1971	0	553	546	10,747
1972	0	546	539	10,747
1973	0	539	532	10,747
1974	0	532	525	10,747
1975	0	525	518	10,747
1976	0	518	511	10,747
1977	0	511	504	10,747
1978	0	504	497	10,747
1979	0	497	490	10,747
1980	0	490	483	10,747
1981	0	483	476	10,747
1982	0	476	469	10,747
1983	0	469	462	10,747
1984	0	462	455	10,747
1985	0	455	448	10,747
1986	0	448	441	10,747
1987	0	441	434	10,747
1988	0	434	427	10,747
1989	0	427	420	10,747
1990	0	420	413	10,747
1991	0	413	406	10,747
1992	0	406	399	10,747
1993	0	399	392	10,747
1994	0	392	385	10,747
1995	0	385	378	10,747
1996	0	378	371	10,747
1997	0	371	364	10,747
1998	0	364	357	10,747
1999	0	357	350	10,747
2000	0	350	343	10,747
2001	0	343	336	10,747
2002	0	336	329	10,747
2003	0	329	322	10,747
2004	0	322	315	10,747
2005	0	315	308	10,747
2006	0	308	301	10,747
2007	0	301	294	10,747
2008	0	294	287	10,747
2009	0	287	280	10,747
2010	0	280	273	10,747
2011	0	273	266	10,747
2012	0	266	259	10,747
2013	0	259	252	10,747
2014	0	252	245	10,747
2015	0	245	238	10,747
2016	0	238	231	10,747
2017	0	231	224	10,747
2018	0	224	217	10,747
2019	0	217	210	10,747
2020	0	210	203	10,747
2021	0	203	196	10,747
2022	0	196	189	10,747
2023	0	189	182	10,747
2024	0	182	175	10,747
2025	0	175	168	10,747
2026	0	168	161	10,747
2027	0	161	154	10,747
2028	0	154	147	10,747
2029	0	147	140	10,747
2030	0	140	133	10,747
2031	0	133	126	10,747
2032	0	126	119	10,747
2033	0	119	112	10,747
2034	0	112	105	10,747
2035	0	105	98	10,747
2036	0	98	91	10,747
2037	0	91	84	10,747
2038	0	84	77	10,747
2039	0	77	70	10,747
2040	0	70	63	10,747
2041	0	63	56	10,747
2042	0	56	49	10,747
2043	0	49	42	10,747
2044	0	42	35	10,747
2045	0	35	28	10,747
2046	0	28	21	10,747
2047	0	21	14	10,747
2048	0	14	7	10,747
2049	0	7	0	10,747
2050	0	0	0	10,747

The figures represent the number of persons in the community at the time of the census, and are not necessarily the same as the population figures. The figures are based on the census of 1914, and are not necessarily the same as the population figures. The figures are based on the census of 1914, and are not necessarily the same as the population figures.



TABLE 2.

## DEATHS FROM ALL CAUSES, 1926.

	All Ages.	Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.	Total under 5 years.	5—10 years.	10—15 years.	15—25 years.	25—35 years.	35—45 years.	45—65 years.	65 and upwards.	Deaths in Public Instns.	Inquests.	Compton.	Mutley.	Pennycross.	Laira.	Charles.	Friary.	Sutton.	Vintry.	Drake.	St. Andrew's.	St. Peter's.	Valletort.	Mount Edgumbe.	Molesworth.	St. Budeaux.	Ford.	Nelson.	Keyham.	St. Aubyn.	Stoke.	Totals.	
1. Enteric fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Smallpox .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Measles .. ..	19	5	7	3	—	—	15	4	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	1	2	5	4	1	—	—	—	1	—	3	—	19
4. Scarlet fever .. ..	2	—	—	—	2	—	2	—	—	—	—	—	—	—	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
5. Whooping Cough .. ..	14	6	5	1	1	—	13	1	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	2	3	—	2	—	1	—	—	—	—	—	2	1	—	14
6. Diphtheria .. ..	34	—	1	3	8	6	18	15	1	—	—	—	—	—	32	—	—	—	—	3	3	2	1	7	3	—	5	5	1	1	—	—	—	—	1	2	34	
7. Influenza .. ..	9	2	1	—	—	—	3	—	—	—	1	—	4	1	1	—	—	—	—	—	2	—	1	—	1	—	2	1	—	—	—	—	1	—	—	1	9	
8. Encephalitis lethargica .. ..	13	—	—	—	—	—	—	2	—	3	—	1	7	—	7	—	—	—	—	—	—	—	1	1	—	—	1	1	—	1	1	1	—	—	—	3	3	13
9. Meningococcal meningitis .. ..	1	—	—	1	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
10. Tuberculosis of respiratory system .. ..	177	—	1	—	1	—	2	1	3	56	41	35	34	5	36	2	5	—	11	10	6	7	11	12	8	6	13	14	9	12	8	8	8	10	12	7	177	
11. Other tuberculous diseases .. ..	34	2	3	—	2	1	8	4	2	9	5	2	4	—	11	1	2	3	—	1	4	2	—	2	2	2	3	2	3	3	2	—	1	1	—	1	34	
12. Cancer, malignant disease .. ..	315	1	—	—	—	—	1	1	1	1	7	17	134	153	65	3	19	10	9	17	14	16	12	18	21	17	22	18	14	22	9	8	17	18	16	18	315	
13. Rheumatic fever .. ..	13	—	—	1	—	—	1	2	1	2	1	2	3	1	2	—	2	—	1	1	—	1	—	1	1	—	—	3	—	—	—	1	1	1	—	—	13	
14. Diabetes .. ..	24	—	—	—	—	—	—	—	—	—	1	—	14	9	4	1	1	2	—	3	—	1	—	2	1	—	3	—	3	1	—	2	3	1	—	1	24	
15. Cerebral hæmorrhage .. ..	184	—	—	—	—	—	—	—	1	—	1	2	44	136	31	7	8	11	15	9	11	9	5	7	15	7	10	10	8	8	6	8	9	12	10	6	184	
16. Heart disease .. ..	319	—	2	—	—	—	2	1	1	2	10	22	114	167	42	50	15	20	17	29	16	9	11	17	20	20	23	17	7	19	10	9	16	14	17	13	319	
17. Arterio-sclerosis .. ..	74	—	—	—	—	—	—	—	—	—	—	—	17	57	17	4	3	6	5	3	3	2	4	2	5	2	3	4	—	7	3	2	5	7	5	3	74	
18. Bronchitis .. ..	321	33	9	2	2	—	46	1	2	3	1	10	51	207	59	1	13	8	14	8	22	21	17	26	19	8	39	24	17	12	3	11	14	15	24	6	321	
19. Pneumonia (all forms) .. ..	199	55	28	6	5	3	97	7	1	7	9	12	29	37	35	15	4	4	9	6	11	9	7	21	9	2	20	12	16	8	1	13	15	9	19	4	199	
20. Other respiratory diseases .. ..	15	—	—	—	—	—	—	—	—	2	—	1	7	5	4	2	1	—	—	—	1	1	2	2	—	1	1	—	1	1	—	2	1	1	—	—	15	
21. Ulcer of stomach or duodenum .. ..	15	—	—	—	—	—	—	—	—	—	1	2	6	6	7	2	—	1	—	3	—	1	2	1	—	1	—	2	—	3	—	—	1	—	—	—	15	
22. Diarrhœa, etc. (under 2 years) .. ..	25	18	7	—	—	—	25	—	—	—	—	—	—	—	3	—	2	1	—	1	1	2	2	2	1	—	—	3	—	2	—	1	3	3	1	—	25	
23. Appendicitis and typhlitis .. ..	15	—	—	—	—	—	—	2	1	4	2	2	3	1	7	1	2	—	1	—	—	1	1	1	—	1	—	1	1	1	—	—	3	—	1	1	15	
24. Cirrhosis of liver .. ..	18	—	—	—	—	—	—	—	—	—	—	1	14	3	2	3	1	—	—	—	1	1	2	1	2	2	1	1	2	—	—	2	—	—	2	—	18	
25. Acute and chronic nephritis .. ..	57	—	—	—	1	—	1	—	1	—	2	2	29	22	19	2	2	5	4	—	3	6	1	3	2	2	7	4	2	4	4	1	1	2	2	2	57	
26. Puerperal sepsis .. ..	3	—	—	—	—	—	—	—	—	1	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	—	3	
27. Other accidents and diseases of pregnancy and parturition .. ..	8	—	—	—	—	—	—	—	—	2	5	1	—	—	2	1	—	—	—	—	—	—	1	—	2	—	—	3	1	—	—	—	—	1	—	—	8	
28. Congenital debility and malformation, prematurity .. ..	100	97	3	—	—	—	100	—	—	—	—	—	—	—	13	11	2	1	6	4	5	6	5	6	6	5	6	9	7	2	2	2	3	5	13	5	100	
29. Suicide .. ..	11	—	—	—	—	—	—	—	—	1	3	1	3	3	1	15	1	1	1	1	—	—	—	—	—	—	—	—	1	—	—	1	3	1	1	—	11	
30. Other violent deaths .. ..	72	3	4	1	—	—	8	4	1	4	3	4	19	29	72	45	1	4	6	7	5	5	4	5	6	4	3	3	2	5	2	2	2	1	4	1	72	
31. Other defined diseases .. ..	498	39	11	1	1	1	53	9	8	12	20	27	89	280	100	12	16	19	28	28	37	29	24	38	25	23	35	25	29	20	11	13	18	22	28	20	498	
32. Causes ill-defined or unknown .. ..	4	1	—	—	—	—	1	—	—	—	1	—	2	—	—	3	—	—	—	1	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	4
Totals .. ..	2,593	262	82	19	23	11	397	54	24	109	116	144	627	1,122	577	181	100	97	129	136	146	132	116	178	152	104	203	168	128	143	62	88	128	126	163	94	2,593	



Disease	No. of cases				Total
	1900	1901	1902	1903	
Cases ill-defined or unknown	1	—	—	—	1
Other defined diseases	11	11	20	—	42
Other violent deaths	—	4	3	—	7
Child	—	—	—	—	—
Non-pregnant	—	—	—	—	—
Conjugal debility and prostration	—	—	—	—	—
Pregnancy and parturition	—	—	—	—	—
Other accidents and diseases	—	—	—	—	—
Fractured pelvis	—	—	—	—	—
Acute and chronic nephritis	—	—	—	—	—
Ulcers of liver	—	—	—	—	—
Apoplexy and syncope	—	—	—	—	—
Disturbances (over 2 years)	—	—	—	—	—
Ulcers of stomach or duodenum	—	—	—	—	—
Other respiratory diseases	—	—	—	—	—
Trachoma (all forms)	—	—	—	—	—
Bronchitis	—	—	—	—	—
Auto-schists	—	—	—	—	—
Heart disease	—	—	—	—	—
Cerebral hemorrhage	—	—	—	—	—
Diabetes	—	—	—	—	—
Rheumatic fever	—	—	—	—	—
Croup, malignant disease	—	—	—	—	—
Other tuberculous diseases	—	—	—	—	—
Tuberculosis of respiratory system	—	—	—	—	—
Alimentary canal diseases	—	—	—	—	—
Enteritis hemorrhagica	—	—	—	—	—
Induratio	—	—	—	—	—
Diphtheria	—	—	—	—	—
Whooping Cough	—	—	—	—	—
Scarlet fever	—	—	—	—	—
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—
Enteric fever	—	—	—	—	—

TABLE 3.

## INFANT MORTALITY.

Net deaths from stated causes under 1 year of age during 1926.

<i>Causes of Death.</i>	Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 month.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total under 1 year.	Compton.	Mutley.	Penny- cross.	Laira.	Charles.	Friary.	Sutton.	Vintry.	Drake.	St. Andrew's	St. Peter's	Valletort.	Mount Edg- cumbe.	Moles- worth.	St. Budeaux.	Ford.	Nelson.	Keyham.	St. Aubyn.	Stoke.	Total.
Measles .. .. .	—	—	—	—	—	—	—	3	2	5	—	—	—	—	—	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—	5
Whooping Cough .. .. .	—	—	—	—	—	2	—	3	1	6	—	—	1	—	1	—	—	1	1	—	1	—	—	—	—	—	—	—	1	—	6
Influenza .. .. .	—	—	—	—	—	1	—	1	—	2	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2
Tuberculous Meningitis .. .. .	—	—	—	—	—	1	1	—	—	2	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2
Convulsions .. .. .	3	1	1	1	6	3	2	1	—	12	—	—	—	1	1	3	—	1	—	—	2	2	1	—	—	—	1	—	—	—	12
Bronchitis .. .. .	—	—	3	2	5	9	6	8	5	33	1	1	2	—	2	1	2	2	—	2	7	3	2	—	1	2	1	2	2	—	33
Pneumonia .. .. .	1	—	—	—	1	12	8	17	17	55	1	1	3	1	2	2	3	4	2	—	5	5	6	3	1	5	3	1	7	—	55
Diarrhœa .. .. .	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	2
Enteritis .. .. .	—	—	2	1	3	3	4	2	4	16	1	—	—	1	1	1	2	1	1	—	1	—	—	1	—	1	3	2	—	—	16
Syphilis .. .. .	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Suffocation, overlying .. .. .	—	—	—	—	—	2	—	—	1	3	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	1	—	3
Congenital malformations .. .. .	2	3	1	—	6	1	1	—	—	8	—	—	—	1	1	1	1	—	1	—	—	—	—	—	1	—	—	—	1	1	8
Premature birth .. .. .	33	5	1	4	43	4	—	1	—	48	1	—	3	1	1	3	2	3	2	1	5	3	2	2	—	2	3	4	8	2	48
Atrophy, Debility and Marasmus..	20	2	4	2	28	8	3	2	—	41	1	—	3	2	2	2	2	2	3	4	1	6	5	—	1	—	—	1	4	2	41
Other Causes .. .. .	11	—	2	1	14	3	1	7	3	28	—	—	1	3	1	1	2	1	—	1	1	1	3	4	—	—	1	5	3	—	28
Total .. .. .	70	11	14	11	106	49	26	47	34	262	5	2	13	10	13	16	14	16	12	8	26	23	19	10	4	11	12	16	27	5	262





TABLE 4.

## INFECTIOUS DISEASES, 1926.

## WARD DISTRIBUTION.

Disease.	Compton.	Mutley.	Pennycross.	Laira.	Charles.	Friary.	Sutton.	Vintry.	Drake.	St. Andrew's	St. Peter's	Valletort.	Mount Edgumbe.	Molesworth.	St. Budeaux.	Ford.	Nelson.	Keyham.	St. Aubyn.	Stoke.	Totals.	Total Number of Cases Notified.				Cases removed to Borough Hospitals.		Cases in Other Institutions.	Cases isolated at home.
																						1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Certified Cases.	Wrongly diagnosed		
Scarlet Fever .. .. .	36	47	41	48	41	43	36	19	30	11	18	10	10	41	3	17	43	18	82	12	606	203	102	127	174	498	14	—	108
Diphtheria .. .. .	3	7	4	30	19	26	27	30	17	14	33	13	7	12	1	7	9	3	11	9	282	56	39	52	135	258	53	—	24
Enteric .. .. .	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	4	1	—	—	8	—	—	7	1	5	2	3	—
Pneumonia .. .. .	8	2	8	6	3	4	1	6	7	1	7	3	1	3	5	5	10	8	2	2	92	40	25	10	17	—	—	7	85
Puerperal Fever .. .. .	—	—	—	—	1	—	—	1	2	—	1	—	1	—	1	—	4	2	—	—	13	—	1	5	7	—	—	12	1
*Puerperal Pyrexia .. .. .	—	—	1	1	1	1	—	4	—	—	—	—	2	—	1	1	5	—	2	1	20	—	—	—	20	—	—	13	7
Cerebro-Spinal Fever .. .. .	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	3	2	—	—	1	—	—	2	1
Acute Poliomyelitis .. .. .	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	2	1	7	—	—	1	6	—	—	2	5
Encephalitis Lethargica .. .. .	1	—	—	—	2	—	—	—	—	—	1	—	—	—	1	1	1	1	1	2	11	4	4	2	1	—	—	4	7
Ophthalmia Neonatorum .. .. .	1	1	—	1	1	1	—	2	2	1	3	3	4	3	—	4	9	4	8	1	49	2	15	13	19	—	—	10	39
Erysipelas ... .. .	2	3	3	2	11	5	5	—	6	1	8	2	6	2	1	2	10	3	13	2	87	20	19	15	33	—	—	11	76
Tuberculosis—Pulmonary .. .. .	8	17	30	37	15	12	21	29	22	14	31	41	28	30	5	23	25	20	26	9	443	124	130	91	98	—	—	—	—
Non-Pulmonary .. .. .	4	6	7	6	8	7	2	10	6	2	8	13	7	3	5	3	2	4	10	3	116	29	39	22	26	—	—	—	—
Malaria—Contracted Abroad .. .. .	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	3	—	1	—	2	—	—	1	2
Contracted in England .. .. .	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—
Chicken-pox .. .. .	46	19	29	55	31	50	13	21	59	19	32	24	21	41	53	40	47	27	46	31	704	229	202	122	151	—	—	2	702
Totals .. .. .	111	102	124	186	135	150	105	123	151	64	143	109	87	135	77	103	172	91	204	73	2445	709	577	468	691	761	69	68	1057
Attack rate per 10,000 population	150.4	131.0	155.0	173.7	117.6	142.1	96.2	96.3	135.2	74.9	108.2	112.0	86.1	144.1	137.8	110.9	224.6	53.3	94.7	102.2	116.4								

\* PUERPERAL PYREXIA became notifiable from October 1st, 1926.

DIPHTHERIA CONTACTS: 991 have been bacteriologically examined, 13 of whom were found "positive"  
11 of these were admitted to the Borough Hospitals.

# THE LONDON MUSEUM

General				
Number	Quantity	Value	Weight	Measure
10	10	10	10	10
20	20	20	20	20
30	30	30	30	30
40	40	40	40	40
50	50	50	50	50
60	60	60	60	60
70	70	70	70	70
80	80	80	80	80
90	90	90	90	90
100	100	100	100	100
110	110	110	110	110
120	120	120	120	120
130	130	130	130	130
140	140	140	140	140
150	150	150	150	150
160	160	160	160	160
170	170	170	170	170
180	180	180	180	180
190	190	190	190	190
200	200	200	200	200
210	210	210	210	210
220	220	220	220	220
230	230	230	230	230
240	240	240	240	240
250	250	250	250	250
260	260	260	260	260
270	270	270	270	270
280	280	280	280	280
290	290	290	290	290
300	300	300	300	300
310	310	310	310	310
320	320	320	320	320
330	330	330	330	330
340	340	340	340	340
350	350	350	350	350
360	360	360	360	360
370	370	370	370	370
380	380	380	380	380
390	390	390	390	390
400	400	400	400	400
410	410	410	410	410
420	420	420	420	420
430	430	430	430	430
440	440	440	440	440
450	450	450	450	450
460	460	460	460	460
470	470	470	470	470
480	480	480	480	480
490	490	490	490	490
500	500	500	500	500
510	510	510	510	510
520	520	520	520	520
530	530	530	530	530
540	540	540	540	540
550	550	550	550	550
560	560	560	560	560
570	570	570	570	570
580	580	580	580	580
590	590	590	590	590
600	600	600	600	600
610	610	610	610	610
620	620	620	620	620
630	630	630	630	630
640	640	640	640	640
650	650	650	650	650
660	660	660	660	660
670	670	670	670	670
680	680	680	680	680
690	690	690	690	690
700	700	700	700	700
710	710	710	710	710
720	720	720	720	720
730	730	730	730	730
740	740	740	740	740
750	750	750	750	750
760	760	760	760	760
770	770	770	770	770
780	780	780	780	780
790	790	790	790	790
800	800	800	800	800
810	810	810	810	810
820	820	820	820	820
830	830	830	830	830
840	840	840	840	840
850	850	850	850	850
860	860	860	860	860
870	870	870	870	870
880	880	880	880	880
890	890	890	890	890
900	900	900	900	900
910	910	910	910	910
920	920	920	920	920
930	930	930	930	930
940	940	940	940	940
950	950	950	950	950
960	960	960	960	960
970	970	970	970	970
980	980	980	980	980
990	990	990	990	990
1000	1000	1000	1000	1000



TABLE 5.

## MATERNITY AND CHILD WELFARE WORK DONE DURING THE YEAR 1926.

<i>Nature of Work.</i>	<i>Town Hall, Stonehouse.</i>	<i>Embankment Road.</i>	<i>St. Saviour's.</i>		<i>St. Aubyn Street.</i>		<i>Stopford Place.</i>	<i>Wolseley Hall.</i>	<i>Totals.</i>				
Number of Sessions held .. ..	150	52	50	48	51	47	398						
Number of Ante-natal Sessions held ..	52	—	—	42	46	45	185						
Number of Mothers seen by Doctor— Ante-natal, 1st visit ..	780	—	—	149	88	83	1,100						
Post-natal .. ..	483	202	146	132	142	168	1,273						
Number of Babies entered on Register during year .. ..	1,267	470	361	391	313	420	3,222						
Number of Babies seen by Doctor ..	4,509	1,560	1,500	1,070	870	916	10,425						
Number of Babies weighed .. ..	12,477	3,577	3,373	3,075	1,978	2,153	26,633						
Children Normal—general advice given	894	231	145	248	240	201	1,959						
Suffering from incorrect feeding ..	93	16	12	7	6	7	141						
Difficult Nutrition .. ..	94	23	4	3	8	16	148						
Suffering from Rickets .. ..	50	30	13	10	10	16	129						
Suffering from Wasting .. ..	8	4	4	3	1	3	23						
Suffering from other Diseases ..	59	120	163	81	24	150	597						
Referred to own private doctors ..	11	6	1	7	4	6	35						
Referred to Hospitals .. ..	58	40	19	32	20	21	190						
Treated by Ultra-violet Ray— 1st Attendance .. ..	92	—	—	—	—	—	92						
Re-attendances .. ..	1,226	—	—	—	—	—	1,226						
Health Talks given by Nurses ..	32	—	—	—	—	—	32						
Sewing parties held ... ..	102	—	—	—	—	—	102						
Mothers attending Sewing Class ..	1,139	—	—	—	—	—	1,139						
Visits paid by Nurses to expectant Mothers .. ..	First visits. 1,312	Total visits. 2,614	First visits. 24	Total visits. 30	First visits. 43	Total visits. 51	First visits. 57	Total visits. 85	First visits. 76	Total visits. 1,542	First visits. 2,887		
To Infants under one year ..	1,820	6,874	164	1,073	439	1,024	1,811	412	1,046	594	2,232	3,942	14,060
Children aged 1-5 years ..	53	6,074	11	1,486	—	1,956	805	—	1,849	—	3,018	64	15,188
Miscellaneous .. ..	—	275	—	33	—	71	96	—	79	—	53	—	607
Total Visits paid by Nurses ..	—	15,837	—	2,622	—	3,101	2,769	—	3,025	—	5,388	—	32,742

NOTE.—In addition to the above, the following services were provided during the year :—

Total amount of Ambrosia sold	} 3,675 lbs.		Distributed free		} 10,187 lbs.	
" " Virol & Milk sold						
" " Virol	472½ lbs.		"		2,189½ lbs.	
" " Cows' milk	.. ..		"		5,022½ gals.	
Dressings supplied	.. ..		"		402	
Medicines supplied	.. ..		"		2,944	
Lotions, Tablets, Ointments, Powder, Vaseline	.. ..		"		3,345	
Maternity Bags lent	.. ..		"		47	

# THE HISTORY OF THE UNITED STATES OF AMERICA

Year	Population	Exports	Imports	Balance of Trade	Notes
1789	3,929,214	\$1,000,000	\$1,000,000	\$0	First census taken
1793	4,233,214	\$1,200,000	\$1,200,000	\$0	
1797	4,583,214	\$1,400,000	\$1,400,000	\$0	
1800	4,938,214	\$1,600,000	\$1,600,000	\$0	
1804	5,308,214	\$1,800,000	\$1,800,000	\$0	
1808	5,683,214	\$2,000,000	\$2,000,000	\$0	
1812	6,063,214	\$2,200,000	\$2,200,000	\$0	
1816	6,443,214	\$2,400,000	\$2,400,000	\$0	
1820	6,823,214	\$2,600,000	\$2,600,000	\$0	
1824	7,203,214	\$2,800,000	\$2,800,000	\$0	
1828	7,583,214	\$3,000,000	\$3,000,000	\$0	
1832	7,963,214	\$3,200,000	\$3,200,000	\$0	
1836	8,343,214	\$3,400,000	\$3,400,000	\$0	
1840	8,723,214	\$3,600,000	\$3,600,000	\$0	
1844	9,103,214	\$3,800,000	\$3,800,000	\$0	
1848	9,483,214	\$4,000,000	\$4,000,000	\$0	
1852	9,863,214	\$4,200,000	\$4,200,000	\$0	
1856	10,243,214	\$4,400,000	\$4,400,000	\$0	
1860	10,623,214	\$4,600,000	\$4,600,000	\$0	
1864	11,003,214	\$4,800,000	\$4,800,000	\$0	
1868	11,383,214	\$5,000,000	\$5,000,000	\$0	
1872	11,763,214	\$5,200,000	\$5,200,000	\$0	
1876	12,143,214	\$5,400,000	\$5,400,000	\$0	
1880	12,523,214	\$5,600,000	\$5,600,000	\$0	
1884	12,903,214	\$5,800,000	\$5,800,000	\$0	
1888	13,283,214	\$6,000,000	\$6,000,000	\$0	
1892	13,663,214	\$6,200,000	\$6,200,000	\$0	
1896	14,043,214	\$6,400,000	\$6,400,000	\$0	
1900	14,423,214	\$6,600,000	\$6,600,000	\$0	
1904	14,803,214	\$6,800,000	\$6,800,000	\$0	
1908	15,183,214	\$7,000,000	\$7,000,000	\$0	
1912	15,563,214	\$7,200,000	\$7,200,000	\$0	
1916	15,943,214	\$7,400,000	\$7,400,000	\$0	
1920	16,323,214	\$7,600,000	\$7,600,000	\$0	
1924	16,703,214	\$7,800,000	\$7,800,000	\$0	
1928	17,083,214	\$8,000,000	\$8,000,000	\$0	
1932	17,463,214	\$8,200,000	\$8,200,000	\$0	
1936	17,843,214	\$8,400,000	\$8,400,000	\$0	
1940	18,223,214	\$8,600,000	\$8,600,000	\$0	
1944	18,603,214	\$8,800,000	\$8,800,000	\$0	
1948	18,983,214	\$9,000,000	\$9,000,000	\$0	
1952	19,363,214	\$9,200,000	\$9,200,000	\$0	
1956	19,743,214	\$9,400,000	\$9,400,000	\$0	
1960	20,123,214	\$9,600,000	\$9,600,000	\$0	
1964	20,503,214	\$9,800,000	\$9,800,000	\$0	
1968	20,883,214	\$10,000,000	\$10,000,000	\$0	
1972	21,263,214	\$10,200,000	\$10,200,000	\$0	
1976	21,643,214	\$10,400,000	\$10,400,000	\$0	
1980	22,023,214	\$10,600,000	\$10,600,000	\$0	
1984	22,403,214	\$10,800,000	\$10,800,000	\$0	
1988	22,783,214	\$11,000,000	\$11,000,000	\$0	
1992	23,163,214	\$11,200,000	\$11,200,000	\$0	
1996	23,543,214	\$11,400,000	\$11,400,000	\$0	
2000	23,923,214	\$11,600,000	\$11,600,000	\$0	
2004	24,303,214	\$11,800,000	\$11,800,000	\$0	
2008	24,683,214	\$12,000,000	\$12,000,000	\$0	
2012	25,063,214	\$12,200,000	\$12,200,000	\$0	
2016	25,443,214	\$12,400,000	\$12,400,000	\$0	
2020	25,823,214	\$12,600,000	\$12,600,000	\$0	

TABLE 6.  
SUPERVISION OF MIDWIVES.

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*Supervision of Midwives—*

Number of Midwives on Register	..	..	..	96
„ „ in Private Practice	..	..		36
„ „ attached to Nursing Homes	..			60
Number of visits of inspection made	..	..	..	148
Number of Medical Help by Midwives	..	..		735

*Breaches of rules of the Central Midwives Board.*

1. Lack of cleanliness in bags and appliances	..			5
2. Appliances broken or unfit for use	..	..		1
3. Lack of cleanliness in home	..	..	..	1
4. Failure to keep Temperature records correctly	..			7
5. Failure to notify cases of discharging eyes	..			18
6. Failure to notify that Medical assistance was obtained	..	..	..	2
7. Failure to notify that artificial feeding was advised				4





TABLE 7.

## OPHTHALMIA NEONATORUM, 1926.

<i>Notified.</i>	<i>Treated</i>		<i>Vision un- impaired.</i>	<i>Vision im- paired</i>	<i>Total blind- ness.</i>	<i>Deaths.</i>
	<i>At home.</i>	<i>In hospital.</i>				
49	37	12	44	1	—	2

Two cases were still receiving hospital treatment at the end of the year.

This terrible disease, which is often Venereal in origin, is very likely to tend to blindness unless the baby is treated immediately and skilfully.

OPTICAL AND NEONATURAL DATA.

Sample	Optical		Neonatural	
	Refractive Index	Dispersion	Refractive Index	Dispersion
1	1.50	0.015	1.50	0.015
2	1.50	0.015	1.50	0.015

The optical data were obtained from the measurements of the refractive index and dispersion of the samples. The neonatural data were obtained from the measurements of the refractive index and dispersion of the samples. The optical data were obtained from the measurements of the refractive index and dispersion of the samples. The neonatural data were obtained from the measurements of the refractive index and dispersion of the samples.



TABLE 8.

## ANALYSIS OF CHILDREN TREATED FOR CONGENITAL SYPHILIS AT THE PLYMOUTH TREATMENT CENTRE.

Year.	Age.	EYE TROUBLE.				Bone.	Skin.	Deaf.	Cripple.	Mental.	No Signs.	Minor.	Nerve.	Locomotor Ataxia.	Total.
		Optic Atrophy.	Keratitis.	Choroiditis.	Iritis.										
1919 ..	Under 1 year.	—	—	—	—	—	—	—	—	—	—	—	—	—	11
1920 ..		—	—	—	—	—	—	—	—	—	—	—	—	—	7
1921 ..		—	—	—	—	—	—	—	—	—	—	—	—	—	14
1922 ..		—	—	—	—	—	—	—	—	—	—	—	—	—	21
1923 ..		—	—	—	—	—	—	—	—	—	—	—	—	—	5
1924 ..		—	—	—	—	—	—	—	—	—	—	—	—	—	10
1925 ..		—	—	—	—	—	—	—	—	—	—	—	—	—	5
1926 ..		—	—	—	—	—	—	—	—	—	—	—	—	—	8
TOTAL ..		—	—	—	—	—	—	—	—	—	—	—	—	—	81
1919 ..	2 to 4 years.	—	3	—	—	1	1	—	—	—	2	—	—	—	7
1920 ..		—	—	—	—	1	—	—	—	—	—	1	—	—	2
1921 ..		—	—	—	—	2	—	—	—	—	3	1	—	—	6
1922 ..		—	—	—	—	2	3	—	—	—	2	—	—	—	7
1923 ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—
1924 ..		—	—	—	—	—	—	—	—	—	1	—	—	—	1
1925 ..		—	—	—	—	—	1	—	—	—	1	3	—	—	5
1926 ..		—	—	—	—	—	—	—	—	1	2	—	—	—	3
TOTAL ..		—	3	—	—	6	5	—	—	1	11	5	—	—	31
1919 ..	5 to 15 years.	—	3	—	—	4	2	—	—	1	2	2	1	—	15
1920 ..		—	3	—	—	5	4	—	—	—	1	4	—	—	17
1921 ..		—	5	1	1	3	—	—	—	2	6	6	—	—	24
1922 ..		—	7	—	—	2	1	3	1	7	1	9	—	—	31
1923 ..		—	3	—	—	1	2	—	—	2	1	5	—	—	14
1924 ..		—	15	—	—	3	—	1	1	13	7	16	—	—	56
1925 ..		—	3	4	—	1	—	2	2	9	1	15	1	1	39
1926 ..		—	19	2	—	4	6	1	6	37	14	28	—	—	117
TOTAL ..		—	58	7	1	23	15	7	10	71	33	85	2	1	313
1919 ..	16 years and up.	—	—	—	1	2	2	—	1	—	2	—	—	—	8
1920 ..		—	6	—	—	2	3	—	—	—	—	3	—	2	16
1921 ..		—	5	—	—	—	3	1	—	—	1	1	—	—	11
1922 ..		1	6	—	—	3	—	—	1	—	—	5	1	—	17
1923 ..		1	4	—	—	2	6	—	1	—	—	4	—	—	18
1924 ..		—	3	—	—	—	1	—	1	—	1	1	—	—	7
1925 ..		—	3	—	1	2	1	—	2	1	1	3	—	—	14
1926 ..		—	—	—	2	7	—	—	3	—	2	3	—	—	17
TOTAL ..		2	27	—	4	18	16	1	9	1	7	20	1	2	108
GRAND TOTAL		2	88	7	5	47	36	8	19	73	51	110	3	3	533



TABLE 9.

SHOWING THE AGE AND SEX OF DEATHS AND  
NEW CASES OF TUBERCULOSIS—1926.

Age Periods.	New cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 year	—	—	—	1	—	—	1	1
1 „ 5 years	6	1	10	5	2	—	4	2
5 „ 10 „	26	17	10	9	1	—	1	3
10 „ 15 „	18	15	5	6	—	3	—	2
15 „ 20 „	24	31	8	11	8	11	3	4
20 „ 25 „	31	43	11	2	13	24	2	—
25 „ 35 „	39	66	6	8	18	23	3	2
35 „ 45 „	34	33	8	6	18	16	1	1
45 „ 55 „	30	7	2	3	16	5	2	1
55 „ 65 „	10	7	1	1	4	10	1	—
65 and upwards	1	4	—	3	2	3	—	—
TOTALS ..	219	224	61	55	82	95	18	16



TABLE II.  
SHOWING THE AGE AND SEX OF DEATHS AND  
NEW CASES OF TUBERCULOSIS-1928.

Age and sex.		Deaths.		New cases.		Total.	
Age.	Sex.	M.	F.	Deaths.		New cases.	
				M.	F.	M.	F.
0 to 1 year.		—	—	1	—	—	—
1 to 2 years.		1	0	0	0	1	0
2 to 10.		17	20	2	0	15	20
10 to 15.		10	11	3	2	0	0
15 to 20.		21	24	11	6	10	18
20 to 25.		41	41	2	11	39	30
25 to 30.		30	30	8	8	22	22
30 to 35.		33	30	6	6	27	24
35 to 40.		20	17	2	2	18	15
40 to 45.		10	10	1	1	9	9
45 and upwards.		1	1	—	—	1	1
Total.		210	224	50	40	160	174

TABLE 10.

## SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARIES DURING THE YEAR 1926.

Diagnosis.	Pulmonary.			Non-Pulmonary.			Total.	
	Adults.		Children.	Adults.		Children.	Adults.	Children.
	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):—								
(a) Definitely tuberculous ..	109	98	40	22	16	10	125	108
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	17	30
(c) Non-tuberculous ..	—	—	—	—	—	—	19	28
B.—CONTACTS examined during the year								
(a) Definitely tuberculous ..	1	10	8	6	1	2	2	12
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	6	8
(c) Non-tuberculous ..	—	—	—	—	—	—	110	247
C.—CASES written off the Dispensary Register as								
(a) Cured ..	—	—	—	—	—	—	—	—
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error ..	—	—	—	—	—	—	164	332
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—								
(a) Diagnosis completed ..	386	254	92	76	62	48	448	302
(b) Diagnosis not completed ..	—	—	—	—	—	—	1	1
							166	134
							4	1

1. Number of Persons on Dispensary Register on January 1st ..	1,056	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	59
2. Number of patients transferred from other areas and of "lost sight of" cases returned ..	37	10. Number of consultations with medical practitioners:— (a) At Homes of Applicants .. (b) Otherwise ..	52 430
3. Number of patients transferred to other areas and cases "lost sight of" ..	143	11. Number of other visits by Tuberculosis Officers to Homes ..	246
4. Died during the year ..	211	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ..	8,139
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ..	11	13. Number of (a) Specimens of sputum, &c., examined .. (b) X-ray examinations made in connection with Dispensary work	1,606 183
6. Number of attendances at the Dispensary (including Contacts) ..	10,289	14. Number of Insured Persons on Dispensary Register on the 31st December ..	467
7. Number of attendances of non-pulmonary cases at Orthopaedic out-stations for treatment or supervision ..	—	15. Number of Insured Persons under Domiciliary Treatment on the 31st December ..	107
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for (a) "Light" treatment .. (b) Other special forms of treatment ..	— —	16. Number of reports received during the year in respect of Insured Persons:— (a) Form G.P. 17 .. (b) Form G.P. 36 ..	142 187

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TABLE 11.

## (A) Average Number of Beds available for Patients in Plymouth Institutions during the Year 1926.

	Observa- tion.	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis.		Total.
		"Sana- torium" Beds.	"Hospital" Beds.	Disease of Bones and Joints	Other Conditions.	
Adult Males ..	1	17	39	4	2	63
Adult Females ..	1	22	5	6	2	36
Children under 15 ..	3	32	—	11	10	56
TOTAL ..	5	71	44	21	14	155

## (B) Return showing the Extent of Residential Treatment during the Year 1926.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31
Number of Patients ..	Adults	M. 58	181	140	20	79
		F. 30	83	74	5	34
	Children	M. 29	46	39	—	36
		F. 17	30	30	1	16
Number of Observation Cases .. ..	Adults	M. —	2	2	—	—
		F. —	3	3	—	—
	Children	M. —	6	6	—	—
		F. —	6	5	—	1
Total ..		134	357	299	26	166



TABLE 12.

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF PATIENTS AND OF OBSERVATION OF DOUBTFUL CASES DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR 1926.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.											
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.		
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Pulmonary Tuberculosis.	Quiescent .. ..	1	1	—	4	7	2	1	3	13	—	—	—
	Improved .. ..	4	2	7	2	11	7	5	2	15	—	3	—
	No material improvement ..	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ..	2	—	—	—	—	—	—	—	—	—	—	2
	Quiescent .. ..	1	—	—	—	2	—	1	2	—	2	—	—
	Improved .. ..	—	—	—	3	2	1	—	—	—	—	1	—
	No material improvement ..	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ..	1	—	—	—	—	—	—	—	—	—	—	1
	Quiescent .. ..	1	—	—	—	2	—	1	—	—	—	—	—
	Improved .. ..	11	3	—	17	4	—	16	3	—	2	1	—
	No material improvement ..	12	2	—	7	—	—	2	—	—	1	—	—
	Died in Institution ..	1	—	—	1	—	—	1	—	—	1	—	—
	Quiescent .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Improved .. ..	1	2	—	8	3	—	3	1	—	—	—	—
	No material improvement ..	9	1	—	3	1	—	—	—	—	1	—	—
	Died in Institution ..	4	3	—	4	1	—	3	—	—	1	1	—
Non-Pulmonary Tuberculosis.	Quiescent or Arrested ..	5	5	5	—	1	—	—	—	—	3	4	2
	Improved .. ..	2	4	1	2	—	—	—	—	1	—	—	—
	No material improvement ..	3	1	—	—	1	1	—	1	—	—	—	—
	Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—
	Quiescent or Arrested ..	—	—	—	—	—	—	—	—	—	—	—	—
	Improved .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	No material improvement ..	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—
	Quiescent or Arrested ..	1	—	—	—	—	—	—	—	—	—	—	—
	Improved .. ..	2	—	1	—	—	—	—	—	—	—	—	—
	No material improvement ..	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ..	1	1	—	—	—	—	—	—	—	—	—	—
	Quiescent or Arrested ..	1	—	5	—	—	—	—	—	—	—	—	—
	Improved .. ..	—	—	2	—	—	2	—	—	—	—	—	—
	No material improvement ..	—	1	—	—	—	—	—	—	—	—	—	—
	Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—
Observation for purpose of diagnosis.	Tuberculous .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Non-tuberculous ..	—	1	—	—	—	—	—	2	5	1	—	6
	Doubtful .. ..	—	—	—	—	—	—	—	1	—	—	—	—
	Total.	32	58	—	2	8	7	—	1	—	—	—	—





TABLE 13.

## SANITARY INSPECTION OF THE DISTRICT.

Visits to Premises .. .. .	28,475
Tests applied to House Drains .. .. .	3,450
Notices served to abate Nuisances .. .. .	2,100
Notices complied with .. .. .	2,071
Legal Notices served .. .. .	167
Sanitary Improvements effected .. .. .	7,102
Letters written .. .. .	1,258
Houses systematically inspected .. .. .	1,099

## HOUSES LET IN LODGINGS.

Number of visits .. .. .	13,892
Notices served .. .. .	1,500
Notices complied with .. .. .	1,452

Visits to premises in connection with Infectious Diseases	1,755
Premises disinfected .. .. .	2,373
Articles disinfected .. .. .	15,226

## FOOD INSPECTIONS.

Number of Provision Shops inspected .. .. .	3,322
Number of Fish Carts and Shops inspected .. .. .	481
Number of Fruit Carts and Shops inspected .. .. .	1,383
Amount of Food (other than Fresh Meat) considered unfit and surrendered .. .. . 4 tons 0 cwts. 0 qrs. 0 lbs.	
Number of Samples procured under the Sale of Food and Drugs Acts .. .. .	687
Number of Samples found adulterated .. .. .	42
Inspection of Dairies, Cowsheds and Milkshops .. .. .	1,890

## FACTORY AND WORKSHOP ACT.

Inspections of Bakehouses .. .. .	136
"    Workshops .. .. .	533
"    Factories .. .. .	435
"    Outworkers' Premises .. .. .	158
Notices and Letters sent <i>re</i> defects .. .. .	135

Inspections of Slaughterhouses .. .. .	3,220
--	-------

## GENERAL SANITARY WORK EFFECTED.

Number of Drains re-laid or repaired .. .. .	655
Choked drains cleared .. .. .	366
Soil pipes and Ventilating Shafts fixed or repaired .. .. .	273
Stoneware Gully Traps fixed .. .. .	605
New Water-closet Pans fixed .. .. .	463
Inspection Chambers constructed .. .. .	156
Flush Cisterns fixed or repaired .. .. .	362
New Closets and Urinals provided .. .. .	122
Surface of Courtyards, etc., re-laid or repaired .. .. .	596
Refuse Bins provided .. .. .	756
Premises cleansed and limewashed or papered .. .. .	578
Roofs and Flats repaired .. .. .	439
Foul Closets cleansed .. .. .	122
Overcrowding abated .. .. .	12
Offensive Manure removed .. .. .	141
New Ground Floors laid and ventilated .. .. .	130
Slate Tanks abolished .. .. .	18
Eaves Gutters and Fall Pipes repaired .. .. .	226
Wall Drains destroyed .. .. .	7
Nuisances (caused by keeping of animals) abated .. .. .	27
Other Sanitary Improvements .. .. .	1,048

TOTAL .. .. .

7,102





SAMPLES TAKEN UNDER SALE OF FOOD AND DRUGS ACTS.

Article.	Official.		Informal.		Totals.
	Genuine.	Adulterated.	Genuine.	Adulterated.	
Arrowroot ..	—	—	4	—	4
Baking Powder ..	—	—	10	—	10
Blackcurrant Jam ..	—	—	2	—	2
Blaud's Pills ..	—	—	4	—	4
Brandy ..	1	1	9	2	13
Bread and Butter ..	3	1	—	—	4
Butter ..	25	1	39	—	65
Camphorated Oil ..	—	—	11	—	11
Castor Oil ..	—	—	10	—	10
Cheese ..	1	—	18	—	19
Cherry Brandy ..	—	—	1	—	1
Cherry Jam ..	—	—	1	—	1
Chocolate ..	—	—	5	—	5
Cocoa ..	—	—	7	—	7
Coffee ..	—	—	17	—	17
Compound Liquorice Powder..	—	—	4	—	4
Condensed Milk ..	—	—	8	—	8
Cream ..	12	—	25	—	37
Custard Powder..	—	—	15	—	15
Egg Powder ..	—	—	3	—	3
Ginger Brandy ..	—	—	2	—	2
Greengage Jam ..	—	—	1	—	1
Ground Almonds ..	—	—	6	—	6
Honey ..	—	—	1	—	1
Lard ..	—	—	22	—	22
Lemonade Powder ..	—	—	4	—	4
Malt Vinegar ..	—	—	10	—	10
Margarine ..	—	—	18	—	18
Mincemeat ..	—	—	4	—	4
Orange Cordial ..	—	—	1	—	1
Pepper ..	—	—	7	—	7
Pickles ..	—	—	4	—	4
Raspberry and Apple Jam ..	—	—	1	—	1
Raspberry Jam ..	—	—	1	—	1
Raw Milk ..	259	29	13	1	302
Rum ..	2	—	1	1	4
Saffron Self-raising Flour ..	—	1	1	—	2
Self-raising Flour ..	—	—	11	—	11
Scald Milk ..	3	—	—	—	3
Strawberry Jam ..	—	—	7	—	7
Tea ..	—	—	19	—	19
Tincture of Iodine ..	—	—	3	3	6
Whisky ..	3	1	6	1	11
	309	34	336	8	687



TABLE 15.

UN SOUND MEAT DESTROYED DURING THE YEAR.

[illegible]



TABLE

FOR THE YEAR 1900

1900				1901		
Jan	Feb	Mar	Apr	May	June	July
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
13	13	13	13	13	13	13
14	14	14	14	14	14	14
15	15	15	15	15	15	15
16	16	16	16	16	16	16
17	17	17	17	17	17	17
18	18	18	18	18	18	18
19	19	19	19	19	19	19
20	20	20	20	20	20	20
21	21	21	21	21	21	21
22	22	22	22	22	22	22
23	23	23	23	23	23	23
24	24	24	24	24	24	24
25	25	25	25	25	25	25
26	26	26	26	26	26	26
27	27	27	27	27	27	27
28	28	28	28	28	28	28
29	29	29	29	29	29	29
30	30	30	30	30	30	30
31	31	31	31	31	31	31

TABLE 16.

**UNSOUND FOOD DESTROYED.**  
**(Other than Fresh Meat and Fish.)**

The number of shops and carts inspected was 5,186.

Quantity surrendered to Sanitary Inspectors, and destroyed :—

FRUIT—					<i>Tons cwt. qrs. lbs.</i>			
Apples ..	..	..	..	..	0	2	1	27
Bananas ..	..	..	..	..	0	0	0	11
Blackberries ..	..	..	..	..	0	0	0	2
Chestnuts ..	..	..	..	..	0	0	0	3
Cherries ..	..	..	..	..	0	8	2	4
Gooseberries ..	..	..	..	..	0	0	0	8
Grapes ..	..	..	..	..	0	1	3	18
Loganberries ..	..	..	..	..	0	0	0	1
Oranges ..	..	..	..	..	1	0	0	0
Pears ..	..	..	..	..	0	0	0	24
Plums ..	..	..	..	..	0	0	0	5
Raspberries ..	..	..	..	..	0	0	0	2
Strawberries ..	..	..	..	..	0	0	0	13
Tomatoes ..	..	..	..	..	0	0	0	10
VEGETABLES—								
Potatoes ..	..	..	..	..	0	3	0	0
PROVISIONS—								
Beef ..	..	..	..	..	0	0	3	3
Chickens ..	..	..	..	..	0	0	2	2
Ducks ..	..	..	..	..	0	0	2	3
Liver ..	..	..	..	..	0	0	0	7
Pork (Pigs' Heads, etc., from Food Fac-								
tories ..	..	..	..	..	1	16	2	15
Rabbits ..	..	..	..	..	0	0	1	5
Tongue ..	..	..	..	..	0	0	1	19
Veal ..	..	..	..	..	0	0	1	10
TINNED GOODS—								
Apricots ..	..	..	..	..	..	..	27	tins
Beef ..	..	..	..	..	..	..	13	„
Condensed Milk ..	..	..	..	..	..	..	7	„
Loganberries ..	..	..	..	..	..	..	9	„
Peaches ..	..	..	..	..	..	..	5	„
Plums ..	..	..	..	..	..	..	6	„
Salmon ..	..	..	..	..	..	..	9	„
Tomatoes ..	..	..	..	..	..	..	3	„
Tongue ..	..	..	..	..	..	..	49	„





TABLE 17.

## Factories, Workshops and Workplaces.

## 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers prosecuted. (4)
Factories (Including Factory Laundries) .. .. .	471	25	—
Workshops (Including Workshop Laundries) .. .. .	559	64	—
Workplaces (Other than Outworkers' premises) .. .. .	—	—	—
Total .. .. .	1,030	89	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.				
Particulars. (1)	Number of Defects.			Number of offences in respect to which Prose- cutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness .. .. .	58	62	—	—
Want of ventilation .. .. .	4	3	—	—
Overcrowding .. .. .	—	—	—	—
Want of drainage of floors .. .. .	1	1	—	—
Other nuisances .. .. .	14	17	—	—
Sanitary accommodation { insufficient .. .. .	2	5	—	—
{ unsuitable or defective .. .. .	32	35	—	—
{ not separate for sexes .. .. .	1	4	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101) .. .. .	—	—	—	—
Other offences .. .. .	—	—	—	—
Total .. .. .	112	127	—	—

содержит следующие сведения:

## УЧЕБНЫЙ ИЛИ ПРОГРАМНЫЙ ЗАДАЧАМ И ВОПРОСАМ

по предмету и предмету обучения

Учебный предмет	
Учебный предмет	Учебный предмет
1	2
3	4
5	6
7	8
9	10
11	12

РЕЗУЛЬТАТЫ ИЛИ ВОПРОСЫ, ПОДНИМАЕМЫЕ ИЛИ ВОПРОСЫ РЕШЕНИЯ

TABLE 18.)

## HOUSING STATISTICS, 1926.

Number of new houses erected during the year ..	505 and 49 dwellings
(a) Total (including numbers given separately under (b))	
(b) With state assistance under the Housing Acts :	
(i.) By the Local Authority .. .. .	{ 205 houses and 50 flats.
(ii.) By other bodies or persons .. .. .	169
1. UNFIT DWELLING-HOUSES.	
Inspection—	
(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ..	1,372
(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1910, or the Housing Consolidated Regulations, 1925 ..	273
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	9
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..	264
2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers .. .. .	23
3. ACTION UNDER STATUTORY POWERS.	
A.—Proceedings under section 3 of the Housing Act, 1925.	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ..	250
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners .. .. .	230
(b) By Local Authority in default of owners ..	8
(c) By Local Authority with consent of owners ..	27
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ..	Nil.
B.—Proceedings under Public Health Acts.	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. .	2,267
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a) By Owners .. .. .	2,071
(b) By Local Authority in default of owners ..	7
C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.	
(1) Number of representations made with a view to the making of Closing Orders .. .. .	9
(2) Number of dwelling-houses in respect of which Closing Orders were made .. .. .	9
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit .. .. .	7
(4) Number of dwelling-houses in respect of which Demolition Orders were made .. .. .	3
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .	8
(6) Number of dwelling-houses in respect of which Closing and Demolition Orders have been determined, the dwelling-houses having been rendered fit .. .. .	4





TABLE 19.

## BACTERIOLOGICAL LABORATORY WORK DONE DURING THE YEAR 1926.

<i>Disease.</i>	<i>Borough Hospitals.</i>	<i>Medical Practitioners.</i>	<i>Tuberculosis Dispensary.</i>	<i>School Medical Department.</i>	<i>M.O.H.</i>	<i>Total.</i>
Diphtheria .. ..	2,326	621	4	1,215	365	4,531
Enteric Fever .. ..	22	7	—	—	—	29
Tuberculosis (Sputum) .. ..	—	534	1,072	—	—	1,606
Cerebro-Spinal Fever .. ..	8	2	—	—	—	10
Ringworm .. ..	3	1	—	95	—	99
Urine .. ..	17	10	7	—	—	34
Milk .. ..	—	—	—	—	863	863
Tap Water .. ..	—	—	—	—	34	34
Sea Water .. ..	—	—	—	—	103	103
Rats .. ..	—	—	—	—	127	127
Animal Inoculation .. ..	—	—	—	—	58	58
Fæces .. ..	—	1	—	—	15	16
Oysters .. ..	—	—	—	—	25	25
Hair for Spores .. ..	—	—	—	6	—	6
Swabs from Puerperal cases .. ..	—	3	—	—	—	3
Agglutination for Typhoid .. ..	—	2	—	—	—	2
Others .. ..	9	1	1	—	4	15
	2,385	1,182	1,084	1,316	1,594	7,561

BACTERIOLOGICAL TREATMENT OF SOME DISEASES OF THE LUNG

Year	Month	Age of patient	Sex	Weight	Height	Temperature	Diagnosis
1937	April	12	F	150	165	38.5	Pneumonia
1937	May	15	M	160	170	38.0	Pneumonia
1937	June	18	F	140	160	37.5	Pneumonia
1937	July	20	M	170	180	38.0	Pneumonia
1937	August	22	F	155	165	37.8	Pneumonia
1937	September	25	M	165	175	38.2	Pneumonia
1937	October	28	F	145	155	37.6	Pneumonia
1937	November	30	M	175	185	38.4	Pneumonia
1937	December	32	F	150	160	37.9	Pneumonia
1937	January	35	M	160	170	38.1	Pneumonia
1937	February	38	F	140	150	37.7	Pneumonia
1937	March	40	M	170	180	38.3	Pneumonia
1937	April	42	F	155	165	37.8	Pneumonia
1937	May	45	M	165	175	38.2	Pneumonia
1937	June	48	F	145	155	37.6	Pneumonia
1937	July	50	M	175	185	38.4	Pneumonia
1937	August	52	F	150	160	37.9	Pneumonia
1937	September	55	M	160	170	38.1	Pneumonia
1937	October	58	F	140	150	37.7	Pneumonia
1937	November	60	M	170	180	38.3	Pneumonia
1937	December	62	F	155	165	37.8	Pneumonia
1937	January	65	M	165	175	38.2	Pneumonia
1937	February	68	F	145	155	37.6	Pneumonia
1937	March	70	M	175	185	38.4	Pneumonia
1937	April	72	F	150	160	37.9	Pneumonia
1937	May	75	M	160	170	38.1	Pneumonia
1937	June	78	F	140	150	37.7	Pneumonia
1937	July	80	M	170	180	38.3	Pneumonia
1937	August	82	F	155	165	37.8	Pneumonia
1937	September	85	M	165	175	38.2	Pneumonia
1937	October	88	F	145	155	37.6	Pneumonia
1937	November	90	M	175	185	38.4	Pneumonia
1937	December	92	F	150	160	37.9	Pneumonia
1937	January	95	M	160	170	38.1	Pneumonia
1937	February	98	F	140	150	37.7	Pneumonia
1937	March	100	M	170	180	38.3	Pneumonia



TABLE 20.

CLIMATOLOGICAL OBSERVATIONS TAKEN AT THE  
 "HOE," PLYMOUTH, DURING THE YEAR, 1926.

	1926.	1925.	Average.
<i>Temperature—</i>	°	°	°
Maximum .. ..	81.4 15th July	82.1 12th June	—
Minimum .. ..	27.6 16th Jan.	26.7 2nd Dec.	—
Mean .. ..	52.5	51.1	51.0
Daily Range .. ..	10.8	11.3	10.8
Relative Humidity ..	82%	81%	84%
<i>Earth Temperatures—</i>			
Mean 1 ft. deep ..	53.0	52.7	52.0
Mean 4 ft. deep ..	53.3	52.3	52.2
Minimum on Grass ..	20.6 16th Dec.	22.8 3rd Dec. 20th Feb. 15th Mar.	—
<i>Sea Temperature—</i>			
Mean 6 ft. deep ..	54.3	53.8	52.9
<i>Rainfall—</i>			
Total Fall .. ..	30.23 ins.	39.56 ins.	36.98 ins.
Greatest daily fall ..	1.49 ins. 1st Nov.	1.44 ins. 19th Dec.	—
No. of Wet Days ..	168	195	190
<i>Sunshine—</i>			
Total Hours .. ..	1,561.3	1,795.5	1,688.3
Most in a day .. ..	14.6 26th June	14.6 13th June	—
No. of sunless days ..	95	67	61
<i>Wind—</i>			
Prevailing direction ..	South-West	South-West	South-West
Highest Velocity (Gust)	80 m.p.h.	70 m.p.h.	—



TABLE 21.

# PLYMOUTH VOLUNTARY ASSOCIATION FOR MENTAL WELFARE.

## Summary of cases and action taken during the year ending 31st December, 1926.

Total number of cases referred	.. .. .	118
From Local Authority—notified	.. .. .	24
After ascertainment	„ .. .. .	2
Local Education Authority—After Care	.. .. .	20
Other sources	.. .. .	72
	—	118
Action taken—		—
By Local Authority—		
Placed under Statutory Supervision	.. .. .	18
„ in Institutions under Order	.. .. .	4
For other Authority	.. .. .	1
Placed under Order of Guardianship	.. .. .	2
„ in Place of Safety under Act	.. .. .	1
Awaiting vacancies	.. .. .	8
Voluntary and After Care	.. .. .	52
Placed in institution privately	.. .. .	1
Admitted to Poor Law Institution (epileptic)	.. .. .	1
In voluntary Home	.. .. .	1
Before Court and bound over	.. .. .	2
Pending	.. .. .	6
Withdrawn—		
Dealt with under Lunacy Act	.. .. .	3
Enquiries only, for other Associations	.. .. .	4
Referred to other associations or societies	.. .. .	12
Various	.. .. .	2
	—	118

Of the above, five had illegitimate children, one for the second time.

One was treated for V.D.

One had definitely immoral tendencies (as distinguished from being incapable of self-protection).





TABLE 22.

ELEMENTARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR  
ENDED 31st DECEMBER, 1926.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants .. .. .	3,327
Intermediates .. .. .	2,772
Leavers .. .. .	2,253
	<hr/> 8,352

Number of other Routine Inspections .. .. 118

---

8,470

---

B.—OTHER INSPECTIONS.

Number of Special Inspections .. .. 9,612

Number of Re-inspections .. .. 9,858

---

19,470

---

# TABLE IV

## ELEMENTARY SCHOOLS

### RETURN OF MEDICAL INSPECTIONS FOR THE YEAR ENDED 31st DECEMBER, 1936.

#### A—ROUTINE MEDICAL INSPECTIONS

Number of Girls Group Inspections

Year	Number of Girls Group Inspections	Number of other Routine Inspections
1935	2,172	118
1936	2,172	118
1937	2,172	118
1938	2,172	118
1939	2,172	118
1940	2,172	118
1941	2,172	118
1942	2,172	118
1943	2,172	118
1944	2,172	118
1945	2,172	118
1946	2,172	118
1947	2,172	118
1948	2,172	118
1949	2,172	118
1950	2,172	118
1951	2,172	118
1952	2,172	118
1953	2,172	118
1954	2,172	118
1955	2,172	118
1956	2,172	118
1957	2,172	118
1958	2,172	118
1959	2,172	118
1960	2,172	118
1961	2,172	118
1962	2,172	118
1963	2,172	118
1964	2,172	118
1965	2,172	118
1966	2,172	118
1967	2,172	118
1968	2,172	118
1969	2,172	118
1970	2,172	118
1971	2,172	118
1972	2,172	118
1973	2,172	118
1974	2,172	118
1975	2,172	118
1976	2,172	118
1977	2,172	118
1978	2,172	118
1979	2,172	118
1980	2,172	118
1981	2,172	118
1982	2,172	118
1983	2,172	118
1984	2,172	118
1985	2,172	118
1986	2,172	118
1987	2,172	118
1988	2,172	118
1989	2,172	118
1990	2,172	118
1991	2,172	118
1992	2,172	118
1993	2,172	118
1994	2,172	118
1995	2,172	118
1996	2,172	118
1997	2,172	118
1998	2,172	118
1999	2,172	118
2000	2,172	118

#### B—OTHER INSPECTIONS

Year	Number of Special Inspections	Number of Re-inspections
1935	2,172	118
1936	2,172	118
1937	2,172	118
1938	2,172	118
1939	2,172	118
1940	2,172	118
1941	2,172	118
1942	2,172	118
1943	2,172	118
1944	2,172	118
1945	2,172	118
1946	2,172	118
1947	2,172	118
1948	2,172	118
1949	2,172	118
1950	2,172	118
1951	2,172	118
1952	2,172	118
1953	2,172	118
1954	2,172	118
1955	2,172	118
1956	2,172	118
1957	2,172	118
1958	2,172	118
1959	2,172	118
1960	2,172	118
1961	2,172	118
1962	2,172	118
1963	2,172	118
1964	2,172	118
1965	2,172	118
1966	2,172	118
1967	2,172	118
1968	2,172	118
1969	2,172	118
1970	2,172	118
1971	2,172	118
1972	2,172	118
1973	2,172	118
1974	2,172	118
1975	2,172	118
1976	2,172	118
1977	2,172	118
1978	2,172	118
1979	2,172	118
1980	2,172	118
1981	2,172	118
1982	2,172	118
1983	2,172	118
1984	2,172	118
1985	2,172	118
1986	2,172	118
1987	2,172	118
1988	2,172	118
1989	2,172	118
1990	2,172	118
1991	2,172	118
1992	2,172	118
1993	2,172	118
1994	2,172	118
1995	2,172	118
1996	2,172	118
1997	2,172	118
1998	2,172	118
1999	2,172	118
2000	2,172	118



TABLE 23.

## ELEMENTARY SCHOOLS.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1926.

Defect or Disease.  (1)					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment. (2)	Requiring to be kept under observation but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but not requiring Treatment. (5)
	Malnutrition .. .. .				37	23	3	1
	Uncleanliness .. .. .				—	—	—	—
	(See Table IV, Group V)							
Skin	Ringworm—Scalp .. .. .				1	—	54	—
		Body .. .. .			4	—	212	—
	Scabies .. .. .				5	—	63	—
	Impetigo .. .. .				30	—	333	—
	Other Diseases (non-tuberculous) .. .. .				80	12	1,066	2
Eye	Blepharitis .. .. .				34	—	21	—
	Conjunctivitis .. .. .				19	—	78	—
	Keratitis .. .. .				7	—	13	—
	Corneal Opacities .. .. .				4	3	11	—
	Defective Vision (excluding Squint) .. .. .				459	221	245	5
Ear	Squint .. .. .				64	79	34	—
	Other conditions .. .. .				26	3	56	1
	Defective Hearing .. .. .				29	6	17	—
	Otitis Media .. .. .				41	—	184	—
	Other Ear Diseases .. .. .				14	1	34	—
Nose and Throat	Enlarged Tonsils only .. .. .				253	480	62	—
	Adenoids only .. .. .				19	12	42	—
	Enlarged Tonsils and Adenoids .. .. .				13	18	33	—
	Other Conditions .. .. .				81	6	109	3
	Enlarged Cervical Glands (non-tuberculous) .. .. .				46	15	10	—
	Defective Speech .. .. .				49	5	47	—
	Teeth—Dental Diseases .. .. .				1,261	—	—	3
	(See Table IV, Group IV)							
Heart and Circulation	Heart Disease :							
	Organic .. .. .				9	30	12	10
	Functional .. .. .				18	79	8	—
Lungs	Anæmia .. .. .				146	5	137	19
	Bronchitis .. .. .				214	8	254	1
	Other Non-Tuberculous Diseases .. .. .				42	12	137	—
Tuber- culosis	Pulmonary :							
	Definite .. .. .				—	—	20	—
	Suspected .. .. .				3	1	35	—
	Non-Pulmonary :							
	Glands .. .. .				3	—	6	6
	Spine .. .. .				—	—	2	3
	Hip .. .. .				—	—	3	—
	Other Bones and Joints .. .. .				1	1	11	2
	Skin .. .. .				—	—	2	—
Nervous System	Other Forms .. .. .				3	—	10	12
	Epilepsy .. .. .				2	3	8	—
	Chorea .. .. .				4	4	9	—
	Other Conditions .. .. .				26	13	16	4
Deformities	Rickets .. .. .				6	33	43	—
	Spinal Curvature .. .. .				4	2	21	1
	Other Forms .. .. .				42	11	20	—
	Other Defects and Diseases .. .. .				172	17	4,048	55

RECEIPTS AND PAYMENTS

A. LISTING OF RECEIPTS AND PAYMENTS BY MONTH  
 IN PROPORTION TO THE YEAR ENDED 31st DECEMBER, 1926.

Month	Receipts		Payments		Balance
	£	s.	£	s.	
Jan.	100	0	100	0	0
Feb.	100	0	100	0	0
Mar.	100	0	100	0	0
Apr.	100	0	100	0	0
May	100	0	100	0	0
June	100	0	100	0	0
July	100	0	100	0	0
Aug.	100	0	100	0	0
Sept.	100	0	100	0	0
Oct.	100	0	100	0	0
Nov.	100	0	100	0	0
Dec.	100	0	100	0	0
Total	1200	0	1200	0	0

TABLE 24.  
ELEMENTARY SCHOOLS.

**B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT  
ROUTINE MEDICAL INSPECTION TO REQUIRE TREAT-  
MENT (EXCLUDING UNCLEANLINESS AND DENTAL  
DISEASES).**

<i>Group.</i>  (1)	<i>No. of Children.</i>		<i>Percentage of Children found to require treatment.</i>  (4)
	<i>Inspected.</i>  (2)	<i>Found to require treatment.</i>  (3)	
<i>Code Groups.</i>			
Entrants .. ..	3,327	752	22.6
Intermediates .. ..	2,772	721	26.0
Leavers .. ..	2,253	554	24.6
Total (Code Groups) ..	8,352	2,027	24.3
Other Routine Inspections	118	29	24.6





TABLE 25. ELEMENTARY SCHOOLS.

## RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys.	Girls.	Total.	
BLIND (including partially Blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind.. .. .	4	8	12
		Attending Public Elementary Schools..	—	—	—
		At other Institutions .. .. .	—	—	—
		At no School or Institution .. ..	—	—	—
DEAF (including deaf and dumb and partially deaf).	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind .. .. .	—	—	—
		Attending Public Elementary Schools..	—	—	—
		At other Institutions .. .. .	—	—	—
		At no School or Institution .. ..	—	—	—
MENTALLY DEFECTIVE.	(i) Suitable for training' in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf .. .. .	18	22	40
		Attending Public Elementary Schools..	—	—	—
		At other Institutions .. .. .	—	—	—
		At no School or Institution .. ..	—	1	1
EPILEPTICS.	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf .. .. .	—	—	—
		Attending Public Elementary Schools..	3	1	4*
		At other Institutions .. .. .	—	—	—
		At no School or Institution .. ..	—	—	—
PHYSICALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children—Residential .. Day .. ..	13 178	6 118	19 296
		Attending Public Elementary Schools..	191	124	315
		At other Institutions .. .. .	—	—	—
		At no School or Institution .. ..	—	—	—
	Notified to the Local Control Authority during the year.	Feeble-minded .. .. .	6	14	20
		Imbeciles .. .. .	5	4	9
		Idiots .. .. .	—	1	1
		Attending Certified Special Schools for Epileptics .. .. .	2	5	7
	Suffering from severe epilepsy.	In Institutions other than Certified Special Schools .. .. .	—	—	—
		Attending Public Elementary Schools..	—	—	—
		At no School or Institution .. ..	—	—	—
		Attending Public Elementary Schools..	6	5	11
	Suffering from epilepsy which is not severe.	At no School or Institution .. ..	—	1	1
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	1	1	2
		At other Institutions .. .. .	1	—	1
		At no School or Institution .. ..	5	8	13
	† Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	14	8	22
		At Certified Residential Open-Air Schools .. .. .	—	—	—
		At Certified Day Open-Air Schools .. ..	8	9	17
		At Public Elementary Schools .. ..	2	—	2
	† Non-infectious but active pulmonary and glandular tuberculosis.	At other Institutions .. .. .	—	—	—
		At no School or Institution .. ..	4	5	9
		At Certified Residential Open-Air Schools .. .. .	—	—	—
		At Certified Day Open-Air Schools .. ..	114	142	256
	Delicate children (e.g. pre- or latent tuberculosis, mal-nutrition, debility, anæmia, etc.).	At Public Elementary Schools	6	6	12
		At other Institutions .. .. .	4	4	8
		At no School or Institution .. ..	—	2	2
		At Certified Residential Open-Air Schools .. .. .	—	—	—
	Active non-pulmonary tuberculosis.	At Certified Residential Open-Air Schools .. .. .	—	—	—
		At Certified Day Open-Air Schools .. ..	114	142	256
		At Public Elementary Schools	6	6	12
		At other Institutions .. .. .	4	4	8
	Crippled Children (other than those with active tuberculous disease), e.g. children suffering from paralysis, etc., and including those with severe heart disease.	At no School or Institution .. ..	—	2	2
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .. ..	16	6	22
		At Public Elementary Schools .. ..	—	—	—
		At other Institutions .. .. .	—	—	—
		At no School or Institution .. ..	2	2	4
		At Certified Hospital Schools .. ..	4	—	4
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools .. ..	—	—	—
		At Public Elementary Schools .. ..	83	73	156†
		At other Institutions (Open-Air Schools)	19	13	32
		At no School or Institution .. ..	—	2	2

Notes.—\* Making good progress at ordinary Elementary School, and at present not certified.

† Tuberculosis Officer's classification.

‡ These children are not certified "Physical Defectives," and they are capable of receiving proper benefit from education in Elementary Schools, and where necessary are receiving treatment at the Orthopaedic Clinics.







TABLE 26.

## ELEMENTARY SCHOOLS.

RETURN OF DEFECTS TREATED DURING THE YEAR  
ENDED 31st DECEMBER, 1926.

## TREATMENT TABLE.

**Group I.—MINOR AILMENTS** (Excluding Uncleanliness, for which see Group V).

<i>Disease or Defect.</i>  (1)	<i>Number of Defects treated, or under treatment during the year.</i>		
	<i>Under the Authority's Scheme.</i> (2)	<i>Otherwise.</i> (3)	<i>Total.</i> (4)
Skin—			
Ringworm—Scalp .. ..	43	11	54
Ringworm—Body .. ..	212	—	212
Scabies .. .. .	60	2	62
Impetigo .. .. .	332	1	333
Other Skin Diseases .. ..	1,061	3	1,064
Minor Eye Defects— (External and other, but ex- cluding cases falling in Group II). .. .. .	307	126	433
Minor Ear Defects .. ..	208	23	231
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.) ..	4,277	745	5,022
TOTAL ..	6,500	911	7,411

N.B.—13 cases of Ringworm of the Scalp were treated by X-ray during the year.

The total number of new cases attending the School Clinics was 8,292.



TABLE 26.—(continued)

**Group II.—DEFECTIVE VISION AND SQUINT** (excluding Minor Eye Defects treated as Minor Ailments—Group I).

<i>Defect or Disease.</i>	<i>Number of Defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ..	719	159	—	878
Other Defect or Disease of the eyes (excluding those recorded in Group I) .. ..	287	—	36	323
TOTAL ..	1,006	159	36	1,201

Total Number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme .. ..	686
(b) Otherwise .. .. .	150

Total Number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme .. ..	677
(b) Otherwise .. .. .	159

In addition to the above 45 pairs of Spectacles were supplied to replace breakages.



Group II—DIFFICULTY PERIOD AND SCOUTING (continued)

TABLE 26.—(continued).

**Group III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.**

NUMBER OF DEFECTS.

<i>Received Operative Treatment.</i>				
<i>Under the Authority's Scheme, in Clinic or Hospital.</i>	<i>By Private Practitioner or Hospital, apart from the Authority's Scheme.</i>	<i>Total.</i>	<i>Received other forms of Treatment.</i>	<i>Total number treated.</i>
(1)	(2)	(3)	(4)	(5)
92	38	130	529	659





TABLE 26.—continued.

**Group IV.—DENTAL DEFECTS.**

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5	..	247	}	Total	..	5,956
	6	..	1,613				
	7	..	1,222				
	8	..	1,223				
	9	..	884				
	10	..	521				
	11	..	110				
	12	..	59				
	13	..	56				
	14	..	21				
Specials	..	..	..	..	..	..	3,601
Grand Total							9,557

(b) Found to require treatment .. 7,405

(c) Actually treated .. .. 5,729

(d) Re-treated during the year as  
the result of periodical exami-  
nation .. .. .. 870

(2) Half-days devoted to—

Inspection .. .. .. 105

Treatment .. .. .. 693 — 798\*

(3) Attendances made by children for treatment .. 6,613

(4) Fillings—

Permanent Teeth .. .. .. 1,045

Temporary Teeth .. .. .. 884 — 1,929

(5) Extractions—

Permanent Teeth .. .. .. 2,121

Temporary Teeth .. .. .. 14,113 — 16,234

(6) Administrations of general Anæsthetics for extractions 2,569

(7) Other Operations—

Permanent Teeth .. .. .. 603

Temporary Teeth .. .. .. 431 — 1,034

\* A large number of these sessions were anæsthetic sessions, in which the two dentists work together.



TABLE 26.—continued.

**Group V.—UNCLEANLINESS AND VERMINOUS  
CONDITIONS.**

- (i.) Average number of visits per school made during the year by the School Nurses—Boys' Departments, 2 ; Girls', 3.8 ; Infants', 3.4.
- (ii.) Total number of examinations of children in the Schools by School Nurses—61,919.
- (iii.) Number of individual children found unclean—6,211.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority—763.
- (v.) Number of cases in which legal proceedings were taken :—
  - (a) Under the Education Act, 1921 .. Nil.
  - (b) Under School Attendance Bye-laws .. Nil.





TABLE 27.

SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR  
ENDED 31st DECEMBER, 1926.

ROUTINE MEDICAL INSPECTIONS.

	<i>Age.</i>										Total.
	8	9	10	11	12	13	14	15	16	17 & over	
Boys ..	—	—	12	79	89	58	17	17	19	3	294
Girls ..	—	—	27	104	205	115	33	25	52	27	588
Total	—	—	39	183	294	173	50	42	71	30	882





TABLE 28.

## SECONDARY SCHOOLS.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1926.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
	Malnutrition	..	..	..	1	4	—	—
Skin	Ringworm :							
	Scalp	..	..	..	—	—	—	—
	Body	..	..	..	—	—	—	—
	Scabies ..	..	..	..	—	—	—	—
	Impetigo	..	..	..	1	—	—	—
Eye	Other Diseases (non-tuberculous)	..			7	—	—	—
	Blepharitis	..	..	..	1	—	—	—
	Conjunctivitis	..	..	..	—	—	—	—
	Keratitis	..	..	..	—	—	—	—
	Corneal Opacities	..	..	..	—	—	—	—
Ear	Defective Vision (excluding Squint)	..			70	89	1	—
	Squint ..	..	..	..	2	4	—	—
	Other Conditions	..	..	..	2	3	—	—
	Defective Hearing	..	..	..	10	2	—	—
	Otitis Media ..	..	..	..	4	—	—	—
Nose and Throat	Other Ear Diseases	..	..	..	—	—	—	—
	Enlarged Tonsils only	..	..	..	12	53	—	—
	Adenoids only ..	..	..	..	—	8	—	—
	Enlarged Tonsils and Adenoids	..			—	—	—	—
	Other Conditions	..	..	..	7	3	—	—
Enlarged Cervical Glands (non-tuberculous)					7	4	—	—
Defective Speech ..					8	2	—	—
Teeth—Dental Diseases ..					161	—	—	—
Heart and Circulation	Heart Disease :							
	Organic ..	..	..	..	4	6	—	—
	Functional	..	..	..	11	21	—	—
Lungs	Anæmia	..	..	..	23	—	—	—
	Bronchitis	..	..	..	11	—	—	—
	Other Non-Tuberculous Diseases	..			2	—	—	—
Tuber- culosis.	Pulmonary :	..	..	..				
	Definite	..	..	..	—	—	—	—
	Suspected	..	..	..	—	—	—	—
	Non-Pulmonary :							
	Glands	..	..	..	—	—	—	—
	Spine	..	..	..	—	—	—	—
	Hip ..	..	..	..	—	—	—	—
	Other Bones and Joints	..	..	..	—	—	—	—
	Skin	..	..	..	—	—	—	—
Nervous System	Other Forms	..	..	..	—	—	—	—
	Epilepsy	..	..	..	—	—	—	—
	Chorea ..	..	..	..	—	—	—	—
Deformities	Other Conditions	..	..	..	22	3	—	—
	Rickets	..	..	..	—	8	—	—
	Spinal Curvature	..	..	..	3	1	—	—
Other Defects and Diseases	Other Forms	..	..	..	40	6	—	—
		..	..	..	32	1	—	—

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A RETURN OF DEBTS DUE TO MEDICAL INSURANCE IN THE YEAR ENDING 31 DECEMBER, 1906.

TABLE 29.

## SECONDARY SCHOOLS.

**B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT  
ROUTINE MEDICAL INSPECTION TO REQUIRE  
TREATMENT (EXCLUDING UNCLEANLINESS AND  
DENTAL DISEASES).**

<i>Group.</i>  (1)	<i>Number of Children.</i>		<i>Percentage of Children found to require treatment.</i>  (4)
	<i>Inspected.</i>  (2)	<i>Found to require treatment.</i>  (3)	
Total ..	882	279	31.6





TABLE 30.  
SECONDARY SCHOOLS.  
DEFECTIVE VISION AND SQUINT.

<i>Defect or Disease.</i>	<i>Number of Defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ..	31	46	—	77
Other Defect or Disease of the Eyes ..	—	—	3	3
TOTAL ..	31	46	3	80

Total number of Children for whom Spectacles were prescribed :—

(a)	Under the Authority's Scheme	..	..	31
(b)	Otherwise	..	..	45

Total number of Children who obtained or received Spectacles :—

(a)	Under the Authority's Scheme	..	..	31
(b)	Otherwise	..	..	45





TABLE 31.

SECONDARY SCHOOLS.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

<i>Received Operative Treatment.</i>				
<i>Under the Authority's Scheme in Clinic or Hospital.</i>	<i>By Private Practitioner or Hospital, apart from the Authority's Scheme.</i>	<i>Total.</i>	<i>Received other forms of Treatment.</i>	<i>Total number treated.</i>
(1)	(2)	(3)	(4)	(5)
4	1	5	8	13



TABLE 32.

## OTHER HIGHER SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR  
ENDED 31st DECEMBER, 1926.

## ROUTINE MEDICAL INSPECTIONS.

	<i>Age.</i>							<i>Total.</i>
	11	12	13	14	15	16	17	
Boys .. ..	—	1	47	87	60	17	1	213
Girls .. ..	—	—	87	89	92	20	1	289
TOTAL ..	—	1	134	176	152	37	2	502



ROUTINE MEDICAL INSPECTIONS  
 GIVEN SINCE DECEMBER, 1916.  
 RETURN OF MEDICAL INSPECTIONS FOR THE YEAR  
 OTHER HIGH SCHOOL  
 TABLE II

	MONTH							Total
	11	12	1	2	3	4	5	
Boys	—	1	11	87	80	17	1	212
Girls	—	—	27	80	92	20	1	260
Total	—	1	124	167	172	37	2	363

TABLE 33.

## OTHER HIGHER SCHOOLS.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1926.

Defect or Disease.					Routine Inspections.		Special Inspections.				
					No. of Defects.		No. of Defects.				
					Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.			
(1)					(2)	(3)	(4)	(5)			
Skin	Malnutrition	..	..	..	..	—	1	—	—		
	{	Ringworm :									
		Scalp	..	..	..	..	—	—	—	—	
		Body	..	..	..	..	—	—	—	—	
		Scabies	..	..	..	..	—	—	—	—	
Eye	Impetigo	..	..	..	..	—	—	—	—		
	{	Other Diseases (non-tuberculous)	..			7	1	—	—		
		Blepharitis	..	..	..	..	—	—	—	—	
		Conjunctivitis	..	..	..	..	1	—	—	—	
		Keratitis	..	..	..	..	—	—	—	—	
Ear	Corneal Opacities	..	..	..	..	—	—	—	—		
	{	Defective Vision (excluding Squint)	..			18	59	—	—		
		Squint	..	..	..	..	—	—	—	—	
		Other Conditions	..	..	..	..	1	—	—	—	
		Defective Hearing	..	..	..	..	8	3	—	—	
Nose and Throat	Otitis Media	..	..	..	..	1	—	—	—		
	{	Other Ear Diseases	..	..	..	2	—	—	—		
		Enlarged Tonsils only	..	..	..	..	4	32	—	—	
		Adenoids only	..	..	..	..	1	1	—	—	
		Enlarged Tonsils and Adenoids	..			1	—	—	—	—	
Enlarged Cervical Glands (non-tuberculous)	Other Conditions	..	..	..	..	6	4	—	—		
	{	Defective Speech	..	..	..	..	2	2	—	—	
		Teeth—Dental Diseases	..	..	..	..	1	1	—	—	
		Heart Disease :					124	—	—	—	
		Organic	..	..	..	..	—	8	—	—	
Lungs	Functional	..	..	..	..	2	27	—	—		
	{	Anæmia	..	..	..	..	14	—	—	—	
		Bronchitis	..	..	..	..	1	1	—	—	
		Other Non-Tuberculous Diseases	..			..	—	—	—	—	
		Pulmonary :									
Tuber- culosis	Definite	..	..	..	..	—	—	—	—		
	Suspected	..	..	..	..	2	—	—	—		
	{	Non-Pulmonary :									
		Glands	..	..	..	..	—	—	—	—	
		Spine	..	..	..	..	—	—	—	—	
Hip		..	..	..	..	1	—	—	—		
Nervous System	Other Bones and Joints	..			..	1	—	—	—		
	Skin	..	..	..	..	—	—	—	—		
	Other Forms	..	..	..	..	—	—	—	—		
	{	Epilepsy	..	..	..	..	—	—	—	—	
		Chorea	..	..	..	..	—	—	—	—	
Other Conditions		..	..	..	..	2	2	—	—		
Deformities		Rickets	..	..	..	..	—	—	—	—	
	Spinal Curvature	..	..	..	..	1	1	—	—		
	Other Forms	..	..	..	..	20	2	—	—		
Other Defects and Diseases					..	..	..	11	1	—	—

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INVESTIGATION IN THE YEAR ENDING JANUARY 1950



TABLE 34.

## OTHER HIGHER SCHOOLS.

**B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).**

<i>Group.</i>  (1)	<i>Number of Children.</i>		<i>Percentage of Children. found to require treatment.</i>  (4)
	<i>Inspected.</i>  (2)	<i>Found to require treatment.</i>  (3)	
TOTAL ..	502	127	25.3

TABLE 14

OTHER HIGHER SCHOOLS

B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT DURING DENTAL EXAMINATIONS AND DENTAL OPERATIONS.

Group	Number of Children			Percentage of Total
	(1)	(2)	(3)	
10000	202	121	25.3	

TABLE 35.

## OTHER HIGHER SCHOOLS.

## DEFECTIVE VISION AND SQUINT.

<i>Defect or Disease.</i>	<i>Number of defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by private Practitioner or at Hospital, apart from the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ..	18	28	—	46
Other Defect or Disease of the Eyes ..	—	—	3	3
TOTAL ..	18	28	3	49

Total number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme .. ..	18
(b) Otherwise .. .. .	26

Total number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme .. ..	18
(b) Otherwise .. .. .	26





TABLE 36.

OTHER HIGHER SCHOOLS.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

<i>Received Operative Treatment.</i>			<i>Received other forms of Treatment.</i>	<i>Total number treated.</i>
<i>Under the Authority's Scheme, in Clinic or Hospital.</i>	<i>By Private Practitioner or Hospital, apart from the Authority's Scheme.</i>	<i>Total.</i>		
(1)	(2)	(3)	(4)	(5)
16	1	17	14	31





TABLE 37.

RECORDS OF VESSELS INSPECTED, TONNAGES, CREWS, PASSENGERS, SICKNESSES, ETC., FOR THE  
TEN YEARS ENDED 1926.

YEAR.	No. of vessels Inspected.	NATIONALITY.		No. of crew on board.	Registered Tonnage.	PASSENGERS.		SICKNESS.		Deaths.	Landed for Treat- ment.	INSANITARY	
		British.	Foreign.			On Board	Landing.	during voyage.	Infec- tious.			No. of vessels.	No. of defects.
1917	1,741	1,685	56	30,962	1,068,506	24,421	20,637	818	661	39	14	118	612
1918	1,432	1,386	46	20,091	865,069	6,069	6,055	3,913	119	216	77	117	718
1919	1,561	1,340	221	65,775	2,056,621	122,326	76,584	3,492	2,814	114	7	124	634
1920	1,879	1,302	577	86,814	2,172,097	130,543	19,777	898	796	83	5	133	663
1921	1,950	1,475	475	100,830	2,729,713	131,077	15,892	507	350	60	6	154	686
1922	2,056	1,543	513	132,266	3,642,135	117,293	22,596	312	235	65	2	147	610
1923	2,195	1,571	624	142,960	4,197,209	105,805	22,657	501	298	52	1	160	542
1924	2,403	1,769	634	166,106	4,228,321	122,266	25,132	732	526	48	3	174	737
1925	2,657	1,900	757	186,184	4,884,659	158,408	38,406	625	463	59	—	179	912
1926	2,967	2,208	759	208,693	5,564,945	176,731	40,264	609	338	73	8	161	889



TABLE 38.

## SHIPPING ENTERING THE PORT OF PLYMOUTH, 1926.

	Number.	Registered Tonnage.	Number In- spected by the Port M.O.      Insp.		Num- ber Re- ported to be defec- tive.	Num- ber of defects to be re- medied.	Number of Orders Issued.
FOREIGN—							
Steamers ..	1,034	4,942,945	627	653	57	363	Informal
Motor ..	106	186,039	46	81	11	55	Notices
Sailing ..	179	9,581	38	179	17	71	only.
Fishing	97	5,618	14	97	14	17	
Total Foreign	<u>1,416</u>	<u>5,144,183</u>	<u>725</u>	<u>1,010</u>	<u>92</u>	<u>506</u>	
COASTWISE—							
Steamers ..	860	378,992	38	860	33	246	
Motor ..	325	16,844	14	325	13	48	
Sailing ..	320	22,584	21	319	22	81	
Fishing ..	46	2,342	6	46	1	8	
Total Coastwise	<u>1,551</u>	<u>420,762</u>	<u>79</u>	<u>1,550</u>	<u>69</u>	<u>383</u>	
Total Foreign and Coastwise	<u>2,967</u>	<u>5,564,945</u>	<u>804</u>	<u>2,560</u>	<u>161</u>	<u>889</u>	



1900

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TABLE 39.  
RATS DESTROYED IN 1926.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Number of—													
Black rats .. ..	nil	nil	3	4	79	2	1	37	107	13	1	11	258
Brown rats .. ..	936	606	715	843	675	613	835	781	548	759	674	761	8,746
Rats examined—													
Bacteriologically .. ..	9	1	8	15	3	21	9	15	9	14	16	11	131
Microscopically .. ..	9	1	8	15	3	21	9	15	9	14	16	11	131
Macroscopically .. ..	61	52	65	116	206	235	181	184	251	217	249	268	2,085
Rats infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats <i>not</i> infected with Plague	61	52	65	116	206	235	181	184	251	217	249	268	2,085

*Form C.—No ship coming under this Category was dealt with during the year.*

*Form D.—Vessels (not “infected,” “suspected,” and NOT from an “infected port”) subjected to measures of Rat Destruction.*

No. of Vessels fumigated by S.O.2.	No. of Rats killed.	No. of Vessels fumigated by H.C.N.	No. of Rats killed.	No. of Vessels on which trapping, poisoning, etc., were employed.	No. of Rats killed.	No. of Fumigation Certificates Issued. Form Port 10.	No. of other Certificates Issued.	Remarks.
nil	nil	nil	nil	6	353	nil	nil	—

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TABLE 40.

# DETAILED LIST OF SANITARY DEFECTS FOR THE YEAR.

During the year 161 vessels were found to be in an insanitary condition, the following defects being notified to the Masters, Owners or Agents :—

<i>No. of Defects</i>	<i>Nature of Defects.</i>
2	Bilges to be pumped out and cleansed.
11	Bedding (sets of) to be thoroughly cleansed.
52	Bedding (sets of) to be thoroughly cleansed and fumigated.
41	Bunks to be cleansed and painted.
45	Bunks to be fumigated and thoroughly cleansed.
6	Bath rooms to be cleansed and painted and refuse removed.
2	Bath rooms to be fumigated and cleansed.
3	Bogey stoves to be repaired or replaced by new.
85	Crews' quarters to be cleansed, painted or limewashed.
3	Crews' quarters to be fumigated and cleansed.
31	Crews' quarters to be dried and ventilated.
11	Cabins to be fumigated and cleansed.
11	Chain lockers to be cleansed and limewashed.
1	Chain locker to be repaired.
4	Cookhouses to be cleansed and limewashed.
3	Cookhouses to be fumigated and cleansed.
4	Cooking Utensils (sets of) to be cleansed on the inside.
2	Cabins to be cleansed and painted.
3	Cabins to be fumigated.
34	Cowls to be fitted to ventilators.
1	Clothes and effects to be cleansed and fumigated.
1	Chain cable leading from crew's quarters to be cleansed and limewashed.
12	Decks over crews' quarters to be caulked and made tight.
2	Deck lights to be repaired and made tight.
2	Flushing cisterns to be repaired.
97	Food lockers to be cleansed, painted or limewashed.
11	Funnelling to be repaired or replaced by new.
14	Food scattered over bunks to be stowed in food lockers.
1	Fowl pen to be cleansed and limewashed.
1	Glass in skylight to be replaced.
5	Hatchways leading to crews' quarters to be repaired and made tight.
2	Harness casks to be cleansed on the inside.
6	Holds to be cleansed after discharging cargoes.
13	Hit and Miss Ventilators to be repaired and made workable.
1	Ladder leading to crew's quarters to be repaired.
3	Mattresses to be destroyed and replaced by new.
2	Mess rooms to be fumigated and cleansed.
1	Packing and waste to be removed from funnelling.
2	Panes of glass to be replaced in skylight.
40	Rubber washers to be fitted to side lights.
2	Rat guards to be removed and hawsers frapped with canvas.
13	Refuse and rubbish to be removed from crews' quarters.
2	Scuppers in bath rooms and W.C. choked, to be cleared.
54	Side lights to be repaired and made tight.
41	Store rooms to be cleansed and limewashed.
11	Sails and spare gear to be removed from crews' quarters and stowed in bins fitted for that purpose.
2	Steam pipes to be repaired.
4	Stove in crews' quarters to be repaired.
2	Ventilating shafts to be repaired.
30	Ventilators to be freed from packing and coverings.
6	Ventilators to be repaired or replaced by new.
2	Water lodging on deck of W.C. and Bath-room to be removed.
6	Water tanks to be cleansed on the inside.
25	Water barrels to be cleansed on the inside.
1	W.C. to be built.
94	W.C.'s to be cleansed, painted or limewashed.
4	W.C.'s to be fumigated and cleansed.
2	W.C. pans to be replaced by new.
17	Plague Precautions issued <i>re</i> rats and carried into effect.





TABLE 41.

## SHOWING NATURE AND QUANTITY OF FOODS INSPECTED DURING THE YEAR.

*DIVISION 1.—Fresh Meat.*

Tons cwt. qrs. lbs.

Beef (chilled &amp; frozen) 11 0 0

*DIVISION 2.—Preserved Meat, etc.*

Bacon .. .. 4 0 3 8

Bellies .. .. 9 15 0 0

Dripping .. .. 2 0 0

Fats of sorts .. 17 5 0 6

do. Premier Jus. 15 2 0

do. Oleo Stearine 6 0 0

Herrings, in brine .. 11 2 0

Hams, dry salted .. 28 16 3 2

Pilchards .. .. 5 0 0

Pork, dry salted .. 13 2 0

Salted Codfish .. 8 10 3 16

*DIVISION 3.—Canned and Bottled Goods.*

Asparagus .. .. 3 C/s

Bovril .. .. 28 C/s

Cherries .. .. 15 C/s

Corned Beef .. .. 145 C/s

Crab .. .. 1 C/s

Crayfish .. .. 3 C/s

Fruits .. .. 467 C/s

Fruit Pulp .. .. 28 C/s

Ginger .. .. 7 C/s

Lemco .. .. 2 C/s

Lobsters .. .. 6 C/s

Milk .. .. 31 C/s

Oxo .. .. 27 C/s

Prawns .. .. 1 C/s

Potted Meat .. .. 1 C/s

Sardines .. .. 55 C/s

Salmon .. .. 139 C/s

Soups .. .. 17 C/s

Salad Oil .. .. 1 C/s

Salad Dressing .. .. 1 C/s

Sauce .. .. 2 C/s

Sausages .. .. 1 C/s

Tomatoes .. .. 41 C/s

Tomato-purée .. .. 2 C/s

Tongues, Ox .. .. 31 C/s

Jams .. .. 18 C/s

*DIVISION 4.—Fresh Fruit, and Vegetables.*

Apples .. .. 37 14 0 0

Bananas .. .. 2 crates

Cabbages .. .. 3 19 0 0

Carrots .. .. 47 16 0 0

Cauliflowers .. .. 320 crates

Cucumbers .. .. 17 crates

Grapes .. .. 5 0 3 0

Grape-fruit .. .. 7 cases

Lemons .. .. 138 cases

Melons .. .. 14 cases

Onions .. .. 23 12 0 0

Oranges .. .. 552 cases

Plums .. .. 20 baskets

Parsnips .. .. 13 19 3 0

Pears .. .. 10 1 3 0

Peas .. .. 621 bags

*Division 4.—continued.*

Tons cwt. qrs. lbs.

Potatoes .. .. 251 18 0 0

Strawberries .. .. 1,100 crates

Tomatoes .. .. 11 0 1 0

*Preserved Vegetables and Fruit.*

Pickles .. .. 5 C/s

Vegetables in brine 17 brls.

*Dried, etc.*

Apple Rings .. .. 6 C/s

Almonds .. .. 22 C/s

Currants .. .. 124 C/s

Dried Plums .. .. 58 C/s

Dried Fruit .. .. 26 C/s

Dates .. .. 33 C/s

Figs .. .. 33 C/s

Lemon Peel .. .. 5 C/s

Nuts of sorts .. .. 39 C/s

Raisins .. .. 58 C/s

Sultanas .. .. 65 C/s

*DIVISION 5.—Grain.*

Barley .. .. 15 10 0 0

Maize .. .. 66 0 0 0

Oats .. .. 22 6 0 0

*MISCELLANEOUS.*

Arrowroot .. .. 1 brl.

Biscuits .. .. 53 C/s

Beans .. .. 2 bags

Butter .. .. 2 C/s

Carraway Seeds .. 2 bags

Cider .. .. 6 brls.

Cloves .. .. 1 brl.

Chillies .. .. 1 brl.

Cake .. .. 1 C/s

Cheeses .. .. 156 crates

Coffee Extract .. 223 C/s

Coffee .. .. 14 bags

Confectionery .. 100 C/s

Cocoanut .. .. 12 C/s

Eggs—pickled .. 20 C/s

liquid .. 1 Ck.

Flour .. .. 111 2 0 0

Glucose .. .. 1 brl.

Ginger .. .. 1 keg.

Golden Syrup .. 39 C/s

Green Peas .. .. 14 C/s

Lard .. .. 143 C/s

Lard Compound .. 17 C/s

Lentils .. .. 9 bags

Margarine .. .. 142 C/s

Milk, evaporated .. 1 C/s

Macaroni .. .. 9 C/s

Nutmegs .. .. 2 C/s

Porridge Oats .. 27 C/s

Pepper .. .. 1 keg.

Powdered Cream .. 1 keg

Rice .. .. 96 C/s

Tapioca .. .. 16 bags

Tea .. .. 54 C/s

Salt .. .. 1 1 0 0

Sugar .. .. 30 19 1 7





TABLE 42.

**SHOWING NATURE AND QUANTITY OF FOODS  
CONDEMNED DURING THE YEAR 1926.**

DIVISION 2.							Tons cwt. qrs. lbs.			
Fats of sorts	..	..	..	..	..	..	16	7	0	11
Codfish	..	..	..	..	..	..	1	14	0	0
DIVISION 3.										
Apricots	..	..	9 cans	..	..	..				22½
Coffee Extract	..	..	6 bottles	..	..	..				3
Cherries	..	..	10 cans	..	..	..				25
Crayfish	..	..	1 „	..	..	..				1
Corned Beef	..	..	494 „	..	..	..		10	1	8
Fruit Pulp	..	..	11 „	..	..	..		1	3	16
Herrings	..	..	1 „	..	..	..				1
Lobster	..	..	1 „	..	..	..				1
Loganberries	..	..	7 „	..	..	..				12
Olive Oil	..	..	11 bottles	..	..	..				11
Oxo	..	..	1 case	..	..	..			1	0
Peaches	..	..	9 cans	..	..	..				22½
Pilchards	..	..	1 can	..	..	..				1
Pears	..	..	27 cans	..	..	..			2	11½
Pines	..	..	56 „	..	..	..		1	0	18
Raspberries	..	..	4 „	..	..	..				10
Salmon	..	..	17 „	..	..	..				17
Soups	..	..	298 „	..	..	..		3	3	12½
Sardines	..	..	2 „	..	..	..				1
Tomatoes	..	..	152 „	..	..	..		3	2	2
Tomato-purée	..	..	1 can	..	..	..				2½
Tongue	..	..	1 „	..	..	..				4
DIVISION 3.										
Apricots	..	..	..	..	..	..		2	2	0
Apples	..	..	..	..	..	..	9	9	2	15
Cabbage	..	..	..	..	..	..	2	13	2	0
Cucumbers	..	..	..	..	..	..		1	0	7
Cauliflower	..	..	..	..	..	..				25
Carrots	..	..	..	..	..	..	18	2	0	0
Grapes	..	..	..	..	..	..	1	2	0	11
Green Peas	..	..	..	..	..	..			1	0
Lemons	..	..	..	..	..	..		2	0	0
Oranges	..	..	..	..	..	..	5	19	2	25
Onions	..	..	..	..	..	..	3	1	2	27
Parsnips	..	..	..	..	..	..	6	7	1	0
Pears	..	..	..	..	..	..	4	2	3	0
Potatoes	..	..	..	..	..	..	33	5	2	0
Strawberries	..	..	..	..	..	..			3	12
Tomatoes	..	..	..	..	..	..		7	2	0
DIVISION 4.										
Flour	..	..	..	..	..	..	101	16	0	0
Maize	..	..	..	..	..	..	48	0	0	0
Rice	..	..	..	..	..	..	5	0	0	0
Total							258	18	1	27½





TABLE 43.

# RESULTS OF BACTERIOLOGICAL EXAMINATION OF SEA-WATER TAKEN AT VARIOUS STATES OF THE TIDE.

<i>Site where samples obtained.</i>	<i>Findings.</i>
THE NEEDLES OFF TINSIDE.	<p>(a) CRAB AND LOBSTER FISHERIES.</p> <p>9 samples taken.</p> <p>In 6 samples Bacillus Coli was present in .1 c.c.</p> <p>„ 8 „ „ „ „ 1 „</p> <p>„ all „ „ „ „ 5 „</p>
OUTSIDE PORT SANITARY OFFICE, MILLBAY PIER.	<p>8 samples taken.</p> <p>In 5 samples Bacillus Coli was present in .1 c.c.</p> <p>„ 7 „ „ „ „ 1 „</p> <p>„ all „ „ „ „ 5 „</p>
FIRESTONE BAY.	<p>8 samples taken.</p> <p>In 6 samples Bacillus Coli was present in .1 c.c.</p> <p>„ all „ „ „ „ 1 „</p>
SOUTH-EAST OF DRAKE'S ISLAND.	<p>8 samples taken.</p> <p>In 5 samples Bacillus Coli was present in .1 c.c.</p> <p>„ 7 „ „ „ „ 1 „</p> <p>„ all „ „ „ „ 5 „</p>
SOUTH-WEST OF DRAKE'S ISLAND.	<p>7 samples taken.</p> <p>In all samples Bacillus Coli was present in .1 c.c.</p>
LADIES' BASIN No. 1.	<p>(b) BATHING PLACES.</p> <p>9 samples taken.</p> <p>In 1 sample Bacillus Coli was present in .1 c.c.</p> <p>„ all samples „ „ „ 1 „</p>
LADIES' BASIN No. 2.	<p>9 samples taken.</p> <p>In 4 samples Bacillus Coli was present in .1 c.c.</p> <p>„ all „ „ „ „ 1 „</p>
TINSIDE BATHING BEACH.	<p>8 samples taken.</p> <p>In 6 samples Bacillus Coli was present in .1 c.c.</p> <p>„ all „ „ „ „ 1 „</p>
LADIES' BATHING PLACE OFF THE PROMENADE PIER.	<p>8 samples taken.</p> <p>In 6 samples Bacillus Coli was present in .1 c.c.</p> <p>„ all „ „ „ „ 1 „</p>
MEN'S BASIN.	<p>9 samples taken.</p> <p>In 4 samples Bacillus Coli was present in .1 c.c.</p> <p>„ 8 „ „ „ „ 1 „</p> <p>„ all „ „ „ „ 5 „</p>
DEVONPORT LADIES' BASIN.	<p>8 samples taken.</p> <p>In 4 samples Bacillus Coli was present in .1 c.c.</p> <p>„ 7 „ „ „ „ 1 „</p> <p>„ all „ „ „ „ 5 „</p>
DEVONPORT MEN'S BASIN.	<p>8 samples taken.</p> <p>In 5 samples Bacillus Coli was present in .1 c.c.</p> <p>„ 7 „ „ „ „ 1 „</p> <p>„ all „ „ „ „ 10 „</p>



TABLE 45.

CHIEF BRITISH AND FOREIGN PORTS WITH WHICH  
PLYMOUTH HAS TRADE.

## IMPORTS FROM FOREIGN.

Antwerp .. ..	Carrots, Onions, Potatoes, Sugar, Lard and Parsnips.
Amsterdam and Rotterdam	Sugar, Potatoes, Onions, Machinery, Toys, Artificial flowers, Enamelware, Matches, Wine, Woodware, Musical Instruments, Kanite, Hardware, Granite, Glassware, Electric batteries, Cotton goods, Mineral waters, Carpets, Candles, etc.
Basrah and Karachi ..	Grain.
Baltimore and Philadelphia	Grain, Coal and Oil.
Brest, Ghent, La Paix, Paimpol, Perros, Plougastel, Roscoff, St. Malo, Treguier, Port Blanc, and Lezardrieux .. ..	Potatoes, Green Peas, Strawberries, Cauli-flowers, Onions, Carrots, Plums, Parsnips, Brandy, Cider, Pears and Peaches.
Buenos Ayres, Tampico, River Plate, Rosario, La Plata and Bahia Blanca	
Gothenburg .. ..	Grain.
Hamburg .. ..	Timber, Matches and Wood Goods.
	Sugar, Potatoes, Lard, Onions, Carcases of Pigs, Cheese, Carrots, Paper, Cream of Tartar, Fruit Pulp, Glass (bottles), Hardware and Carpets.
Iquique .. ..	Nitrate.
Melbourne and Sydney	Grain.
Montreal, Quebec, and Vancouver.	Grain.
Odessa, Novorossisk, Taganrog and Black Sea Ports	Grain.
St. John's, Newfoundland ..	Codfish.

## IMPORTS COASTWISE.

Aberdeen, Dundee and Kirkcaldy .. ..	Potatoes and Oatmeal.
Bristol .. ..	Fruit, Vegetables, Paints, Oils, Glucose and Cattle Foods.
Belfast .. ..	Potatoes, Fruits, Vegetables, Linoleum, Bacon, Wool and Cotton goods.
Blyth, Newcastle and Sunderland .. ..	Coal.
Cardiff and Swansea ..	Coal and Flour.
Channel Islands .. ..	Fruit, Vegetables, Fats of sorts, Bones and Rags.
Cork .. ..	Oats, Butter, Eggs and Salted Pork.
Glasgow, London, Liverpool and Southampton ..	Fruit, Vegetables, Canned Goods, preserved, dried, and fresh Fruits, Flour, Linoleum, Sugar and Woollen goods. Occasionally Hides and Skins.
Hull and Leith .. ..	Salted Fish and Confectionery.
Waterford .. ..	Oats, Margarine and Bacon.

## EXPORTS.

Fish is sent to Spain and Italy in barrels; trawlers also take large quantities to Germany.  
Pitch is sent to France.  
China Clay is sent to Germany and America.  
Wool is sent occasionally to Liverpool.





TABLE 46.

# SHOWING INFECTED PORTS AND THEIR TIME-RELATION TO PLYMOUTH.

PLAGUE.—(incubation period 2–8 days.)

Chief Ports having communication with Plymouth, and reported as infected during the year.	Duration in days, of journey by steamship.	Theoretical duration in days of journey by air.
EUROPE—		
Salonica .. ..	10	2½
Constantinople .. ..	11	2½
Marseilles .. ..	6	1
ASIA—		
Basra .. ..	20	4½
Beyrout .. ..	12	3½
Bombay .. ..	18	8
Rangoon .. ..	24	11
Karachi .. ..	18	8
Calcutta .. ..	24	10
Colombo .. ..	20	10
Singapore .. ..	25	12
Bangkok .. ..	26	11
Saigon .. ..	26	12
Yokohama .. ..	40	17
AFRICA—		
Las Palmas .. ..	5	2½
Algiers .. ..	6	2
Port Said .. ..	11	4
Lagos .. ..	16	5
Alexandria .. ..	8	3
Suez .. ..	10	3½
Bona .. ..	6	2½
Tunis .. ..	6	2½
Mombassa.. ..	20	8
AMERICA—		
Guayaquil .. ..	17	5
Santos .. ..	19	6
San Paulo .. ..	20	6
Lima .. ..	19	6





MEDICAL INSPECTION OF ALIENS. PORT SANITARY DISTRICT OF PLYMOUTH.  
YEAR ENDED DECEMBER 31st, 1926.

Total number of Aliens arriving at the Port, including those in transit and transmigrants but <i>excluding Alien Seamen.</i>		No. of temporary visitors, <i>i.e.</i> Aliens whose stay in this Country will not exceed three months.		No. of Aliens who intend to settle permanently or remain in this Country for more than three months.	
Total Number.	No. subjected to medical inspection.	Total Number.	No. subjected to medical Examination.	Total Number.	No. of Certificates issued.
12,489	11,871	11,023	35	639	6
				Residents returning .....	179
ALIENS IN TRANSIT.			TRANSMIGRANTS.		
Total number.	No. subjected to Medical Examination.	No. of Certificates issued.	Total Number.	No. subjected to Medical Examination.	
551	13	1	276	110	

The term "inspection" relates to the preliminary inspection of aliens as they pass before the Medical Inspector.  
The term "Medical Examination" relates to detailed medical examination.

PARTICULARS RELATING TO DETAILED MEDICAL EXAMINATION OF ALIENS.

Aliens, who were subjected to detailed medical examination, and were not Certified by Medical Inspector .. .. . 608  
Number of each of the following certificates issued by the Medical Inspector of Aliens :—  
(a) Certificate that an alien is a lunatic, idiot or mentally deficient .. .. . 1  
(b) Certificate that, for medical reasons, it is undesirable that an alien should be permitted to land .. .. . nil.  
(c) Certificate that an alien is suffering from some disease, defect or deformity which may interfere with his capacity to support himself or his dependents .. .. . 5  
(d) Certificate that an alien is suffering from one of the acute infectious diseases.. .. . 1  
(e) Certificate that for the purposes of an adequate medical examination it is necessary for the alien to land in order that he may be examined ashore .. .. . nil.

TRANSMIGRANTS.

Number of certificates of the cleansing of verminous transmigrants given by the Medical Inspector of Aliens to the Immigration Officer .. .. . nil.  
Number of medical certificates in respect of transmigrants suffering from trachoma, favus, etc., given to the Immigration Officer .. .. . 3

PARTICULARS RELATING TO ALIEN TRAFFIC.

Total number of passenger vessels carrying aliens which arrived during the year .. .. . 610  
Number of passenger vessels dealt with by Medical Inspector of Aliens .. .. . 610  
Total number of cargo vessels carrying alien passengers which arrived during the year .. .. . 53  
Number of cargo vessels dealt with by Medical Inspector of Aliens .. .. . 53  
Any other vessels in connection with which the Medical Inspector has had to take action in regard to aliens .. .. . nil.



TABLE 46—continued.

## CHOLERA.—(incubation period 1-6 days.)

Chief Ports having communication with Plymouth, and reported as infected during the year.	Duration in days, of journey by steamship.	Theoretical duration in days of journey by air.
EUROPE—		
Leningrad .. ..	6	2
ASIA—		
Bombay .. ..	18	8
Calcutta .. ..	24	10
Madras .. ..	22	10
Rangoon .. ..	24	11
Saigon .. ..	26	12
Bangkok .. ..	26	11
Manila .. ..	30	15
Hong Kong .. ..	31	15
Shanghai .. ..	35	15
Osaka .. ..	40	17
Port Arthur .. ..	40	16
Kobe .. ..	40	17
Singapore .. ..	25	12

## YELLOW FEVER.—(Individual incubation period 3-6 days.)

Chief Ports having communication with Plymouth, and reported as infected during the year.	Duration in days, of journey by steamship.	Theoretical duration in days of journey by air.
AFRICA—		
Accra .. ..	15	5
Cape Coast .. ..	15	5
Lagos .. ..	16	5
AMERICA—		
Bahia .. ..	17	5



